

AUTO CR - LOG SUMMARY #1050684

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
	NO AFFIDAVIT	FINNELL, ANTHONY	06-AUG-2013

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Third Party	[REDACTED]					M		[REDACTED]	

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
17-NOV-2009 10:14 - 17-NOV-2009 10:14	[REDACTED]	423	004	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee Accused	ONEILL, KEVIN	8954	[REDACTED]	004 / 212	POLICE OFFICER	ON Duty	The reporting party alleges that the accused tackled the victim ([REDACTED]) to the ground and then struck the victim on the mouth and face an unknown object.
CPD Employee Accused	KINNEY, PATRICK	2044	[REDACTED]	004 / 212	SERGEANT OF POLICE	ON Duty	The reporting party alleges that the accused tackled the victim ([REDACTED]) to the ground and then struck the victim on the mouth and face an unknown object.
CPD Employee Accused	MC CLELLAND III, WILLIAM	1420	[REDACTED]	006 /	SERGEANT OF POLICE	ON Duty	The reporting party alleges that the accused tackled the victim ([REDACTED]) to the ground and then struck the victim on the mouth and face an unknown object.

Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Victim/Subject	[REDACTED]					M	BLK	[REDACTED]	

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
Reporting Party Third Party	[REDACTED]	ONEILL, KEVIN	NO RELATIONSHIP
Reporting Party Third Party	[REDACTED]	MC CLELLAND III, WILLIAM	NO RELATIONSHIP
Reporting Party Third Party	[REDACTED]	KINNEY, PATRICK	NO RELATIONSHIP
Reporting Party Third Party	[REDACTED]	[REDACTED]	LAWYER

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:		Civil Suit Settled Date:	
Civil Suit No.:	11C 8186	Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		
Notification Comments:	PO FABIAN STAR# 17699		

Incident Category List

Incident Category	Primary?	Initial?
05R - GROUP 05 - OFFICE OF PROFESSIONAL STANDARDS INVESTIGATIONS CIVIL SUITS - THIRD PARTY	Y	Y
05Z - GROUP 05 - OFFICE OF PROFESSIONAL STANDARDS INVESTIGATIONS MISCELLANEOUS	N	

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
MESSENGER, VERONICA	Primary	GENERAL FIELD 4	21-DEC-2011	12-AUG-2013	01-AUG-2013	589
FINNELL, ANTHONY	Supervisor	GENERAL FIELD 4	03-JUN-2013	01-SEP-2013	01-AUG-2013	
OLVERA, MARIA	Supervisor	GENERAL FIELD 3	10-OCT-2012	08-JAN-2013	03-JUN-2013	
FAKUADE, JOSEPH	Supervisor	GENERAL FIELD 4	20-DEC-2011	19-MAR-2012	10-OCT-2012	

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
MESSENGER, VERONICA	13-JUL-2013	12-AUG-2013		OTHER (DESCRIBE)	Pending SAO decision	24-JUL-2013	FINNELL, ANTHONY	24-JUL-2013	awf
MESSENGER, VERONICA	13-JUN-2013	13-JUL-2013		OTHER (DESCRIBE)	Pending SAO decision	24-JUL-2013	FINNELL, ANTHONY	24-JUL-2013	awf
MESSENGER, VERONICA	14-MAY-2013	13-JUN-2013		OTHER (DESCRIBE)	Awaiting Medical Record	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	14-APR-2013	14-MAY-2013		OTHER (DESCRIBE)	Need Medical Record	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	15-MAR-2013	14-APR-2013		OTHER (DESCRIBE)	Need Medical Record	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	13-FEB-2013	15-MAR-2013		OTHER (DESCRIBE)	Need Medical Record	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	14-JAN-2013	13-FEB-2013		OTHER (DESCRIBE)	Need Medical Record	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	15-DEC-2012	14-JAN-2013		OTHER (DESCRIBE)	Need Cooperation from Atty	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	15-NOV-2012	15-DEC-2012		OTHER (DESCRIBE)	Need Cooperation from Atty	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	16-OCT-2012	15-NOV-2012		OTHER (DESCRIBE)	Need Cooperation from Atty	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	16-SEP-2012	16-OCT-2012		OTHER (DESCRIBE)	Need Cooperation from Atty	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	17-AUG-2012	16-SEP-2012		OTHER (DESCRIBE)	Need Cooperation from Atty	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	18-JUL-2012	17-AUG-2012		OTHER (DESCRIBE)	Need ET photos	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	18-JUN-2012	18-JUL-2012		OTHER (DESCRIBE)	Need ET photos	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	19-MAY-2012	18-JUN-2012		OTHER (DESCRIBE)	Interview Victim	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	19-APR-2012	19-MAY-2012		OTHER (DESCRIBE)	Interview Victim	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	20-MAR-2012	19-APR-2012		OTHER (DESCRIBE)	Interview Victim	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo

Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
KINNEY, PATRICK	1	It is alleged that the accused tackled the victim to the ground.	05A OPS SUBCODE 05A	TAKE DOWN (THROWN TO GROUND)	NO AFFIDAVIT
KINNEY, PATRICK	2	It is alleged that the accused struck the victim about the face and mouth with an unknown object.	05A OPS SUBCODE 05A	CLOSED HAND STRIKE (PUNCH)	NO AFFIDAVIT
MC CLELLAND III, WILLIAM	1	It is alleged that the accused tackled the victim to the ground.	05A OPS SUBCODE 05A	CLOSED HAND STRIKE (PUNCH)	NO AFFIDAVIT
MC CLELLAND III, WILLIAM	2	It is alleged that the accused struck the victim about the face and mouth with an unknown object.	05A OPS SUBCODE 05A	CLOSED HAND STRIKE (PUNCH)	NO AFFIDAVIT
ONEILL, KEVIN	1	It is alleged that the accused tackled the victim to the ground.	05A OPS SUBCODE 05A	TAKE DOWN (THROWN TO GROUND)	NO AFFIDAVIT
ONEILL, KEVIN	2	It is alleged that the accused struck the victim about the face and mouth with an unknown object.	05A OPS SUBCODE 05A	CLOSED HAND STRIKE (PUNCH)	NO AFFIDAVIT

Situations (Allegation Details)

Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
MC CLELLAND III, WILLIAM	1	DURING ARREST					
KINNEY, PATRICK	1	DURING ARREST					
MC CLELLAND III, WILLIAM	2	DURING ARREST					
KINNEY, PATRICK	2	DURING ARREST					
ONEILL, KEVIN	1	DURING ARREST					
ONEILL, KEVIN	2	DURING ARREST					

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED/NO CONVERSION	06-AUG-2013 09:51	FINNELL, ANTHONY	SUPERVISING INV COPA	113 /	
CLOSED AT C.O.P.A.	06-AUG-2013 09:42	FINNELL, ANTHONY	SUPERVISING INV COPA	113 /	
PENDING INVESTIGATIVE REVIEW	01-AUG-2013 10:30	MESSINGER, VERONICA	INVESTIGATOR 3 COPA	113 /	
PENDING INVESTIGATION	21-DEC-2011 10:38	FAKUADE, JOSEPH	COOR OPERATIONS COPA	113 /	
PENDING ASSIGN INVESTIGATOR	20-DEC-2011 02:18	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PENDING ASSIGN TEAM	14-DEC-2011 03:28	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	14-DEC-2011 01:39	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	14-DEC-2011 01:16	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	14-DEC-2011 10:59	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	14-DEC-2011 10:58	TOPPINS, YOLANDA	INTAKE AIDE	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	INVESTIGATION					MESSENGER, VERONICA	10-JAN-2012 10:44			
1	FACE SHEET					TOPPINS, YOLANDA	14-DEC-2011 10:58			
2	CONFLICT CERTIFICATION					FAKUADE, JOSEPH	21-DEC-2011 10:38			
3	CONFLICT CERTIFICATION					MESSENGER, VERONICA	10-JAN-2012 10:44			
4	DOCUMENTS - INVESTIGATION		3	[REDACTED]		BROWN, DANITA	06-JUN-2012 11:45	APPROVED		
5	DOCUMENTS - INVESTIGATION		8	[REDACTED]		BROWN, DANITA	06-JUN-2012 11:46	APPROVED		
6	DOCUMENTS - INVESTIGATION		2	[REDACTED] 0610-BURGLARY-FORCIBLE ENTRY		BROWN, DANITA	06-JUN-2012 11:47	APPROVED		
7	DOCUMENTS - INVESTIGATION		6	RD# H [REDACTED] CLEARED (CLOSED) ARREST AND PROSECUTION); BURGLARY/FORCIBLE ENTRY		BROWN, DANITA	06-JUN-2012 11:49	APPROVED		
8	DOCUMENTS - INVESTIGATION		2	WILLIAM McCLELLAND III #1420	Y	BROWN, DANITA	06-JUN-2012 11:50	APPROVED		
9	DOCUMENTS - INVESTIGATION		2	SGT McCLELLAND III #1420		BROWN, DANITA	06-JUN-2012 11:51	APPROVED		
10	DOCUMENTS - INVESTIGATION		8	[REDACTED]		BROWN, DANITA	06-JUN-2012 11:53	APPROVED		
11	DOCUMENTS - INVESTIGATION		2	[REDACTED]		BROWN, DANITA	06-JUN-2012 11:54	APPROVED		
12	DOCUMENTS - INVESTIGATION		1	[REDACTED]		BROWN, DANITA	06-JUN-2012 11:55	APPROVED		
13	DOCUMENTS - INVESTIGATION		17	GARAGE AT [REDACTED]	Y	BROWN, DANITA	14-MAY-2013 03:25	APPROVED		
14	DOCUMENTS - INVESTIGATION		8	SGT WILLIAM McCLELLAND		BROWN, DANITA	14-MAY-2013 03:26	APPROVED		
15	DOCUMENTS - INVESTIGATION		6	CIVIL SUIT [REDACTED]		BROWN, DANITA	14-MAY-2013 03:27	APPROVED		
16	DOCUMENTS - INVESTIGATION		1	REQUEST FOR PROTECTED HEALTH INFORMATION- ROSELAND HOSPITAL [REDACTED]		BROWN, DANITA	14-MAY-2013 03:28	APPROVED		

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
17	DOCUMENTS - INVESTIGATION		1	ATTORNEY [REDACTED]	Y	BROWN, DANITA	14-MAY-2013 03:29	APPROVED		
18	DOCUMENTS - INVESTIGATION		23	ROSELAND COMMUNITY HOSPITAL (THOMAS ANDERSON)		BROWN, DANITA	20-MAY-2013 10:53	APPROVED		
19	DOCUMENTS - INVESTIGATION		1	[REDACTED]	Y	MESSENGER, VERONICA	01-AUG-2013 10:13	APPROVED		
20	DOCUMENTS - INVESTIGATION		1		Y	MESSENGER, VERONICA	01-AUG-2013 10:14	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
INVESTIGATIVE SUPERVISOR REVIEW		SUBMITTED	FINNELL, ANTHONY	SUPERVISING INV COPA	113	06-AUG-2013 09:51	Several attempts were made to have the complainant sign the Sworn Complaint Affidavit as required by the Illinois Uniform Peace Officers Disciplinary Act and advising him/her that failure to do so may result in the termination of this investigation. The complainant has failed to sign the Sworn Affidavit.
							Should the complainant sign the Sworn Affidavit or additional information become available, this investigation can be re-opened. It is recommended at this time the case be closed with a finding of [REDACTED]

Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
KINNEY, PATRICK	1. It is alleged that the accused tackled the victim to the gro...	FINNELL, ANTHONY	06-AUG-2013 09:51			NO AFFIDAVIT	
KINNEY, PATRICK	2. It is alleged that the accused struck the victim about the f...	FINNELL, ANTHONY	06-AUG-2013 09:51			NO AFFIDAVIT	
MC CLELLAND III, WILLIAM	1. It is alleged that the accused tackled the victim to the gro...	FINNELL, ANTHONY	06-AUG-2013 09:51			NO AFFIDAVIT	
MC CLELLAND III, WILLIAM	2. It is alleged that the accused struck the victim about the f...	FINNELL, ANTHONY	06-AUG-2013 09:51			NO AFFIDAVIT	
ONEILL, KEVIN	1. It is alleged that the accused tackled the victim to the gro...	FINNELL, ANTHONY	06-AUG-2013 09:51			NO AFFIDAVIT	
ONEILL, KEVIN	2. It is alleged that the accused struck the victim about the f...	FINNELL, ANTHONY	06-AUG-2013 09:51			NO AFFIDAVIT	
ONEILL, KEVIN	1. It is alleged that the accused tackled the victim to the gro...	MESSENGER, VERONICA	01-AUG-2013 10:30			NO AFFIDAVIT	
ONEILL, KEVIN	2. It is alleged that the accused struck the victim about the f...	MESSENGER, VERONICA	01-AUG-2013 10:30			NO AFFIDAVIT	
MC CLELLAND III, WILLIAM	1. It is alleged that the accused tackled the victim to the gro...	MESSENGER, VERONICA	01-AUG-2013 10:30			NO AFFIDAVIT	
MC CLELLAND III, WILLIAM	2. It is alleged that the accused struck the victim about the f...	MESSENGER, VERONICA	01-AUG-2013 10:30			NO AFFIDAVIT	
KINNEY, PATRICK	1. It is alleged that the accused tackled the victim to the gro...	MESSENGER, VERONICA	01-AUG-2013 10:30			NO AFFIDAVIT	
KINNEY, PATRICK	2. It is alleged that the accused struck the victim about the f...	MESSENGER, VERONICA	01-AUG-2013 10:30			NO AFFIDAVIT	

Accused Penalty History

Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
KINNEY, PATRICK	It is alleged that the accused tackled the victim to the ground.	05A OPS SUBCODE 05A		NO AFFIDAVIT	
KINNEY, PATRICK	It is alleged that the accused struck the victim about the face and mouth with an unknown object.	05A OPS SUBCODE 05A		NO AFFIDAVIT	
MC CLELLAND III, WILLIAM	It is alleged that the accused tackled the victim to the ground.	05A OPS SUBCODE 05A		NO AFFIDAVIT	
MC CLELLAND III, WILLIAM	It is alleged that the accused struck the victim about the face and mouth with an unknown object.	05A OPS SUBCODE 05A		NO AFFIDAVIT	
ONEILL, KEVIN	It is alleged that the accused tackled the victim to the ground.	05A OPS SUBCODE 05A		NO AFFIDAVIT	
ONEILL, KEVIN	It is alleged that the accused struck the victim about the face and mouth with an unknown object.	05A OPS SUBCODE 05A		NO AFFIDAVIT	

FACE SHEET (Notification Date: 14-DEC-2011) - LOG #1050684

TYPE: INFO

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Third Party	[REDACTED]					M		[REDACTED]	

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
17-NOV-2009 10:14 - 17-NOV-2009 10:14	[REDACTED]	0423	004	304 - STREET	

Accused Members

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee	Accused	ONEILL, KEVIN	8954	[REDACTED]	004 / 212	POLICE OFFICER	ON Duty	The reporting party alleges that the accused tackled the victim [REDACTED] to the ground and then struck the victim on the mouth and face an unknown object.
CPD Employee	Accused	KINNEY, PATRICK	2044	[REDACTED]	004 / 212	SERGEANT OF POLICE	OFF Duty	The reporting party alleges that the accused tackled the victim [REDACTED] to the ground and then struck the victim on the mouth and face an unknown object.
CPD Employee	Accused	MC CLELLAND III, WILLIAM	1420	[REDACTED]	006 /	SERGEANT OF POLICE	OFF Duty	The reporting party alleges that the accused tackled the victim [REDACTED] to the ground and then struck the victim on the mouth and face an unknown object.

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:	11C 8186	Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
05R - GROUP 05 - OFFICE OF PROFESSIONAL STANDARDS INVESTIGATIONS CIVIL SUITS - THIRD PARTY	Y
05Z - GROUP 05 - OFFICE OF PROFESSIONAL STANDARDS INVESTIGATIONS MISCELLANEOUS	

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	GENERAL FIELD 4	FINNELL, ANTHONY (SUPERVISOR)	03-JUN-2013 11:12	STOUTENBOROUGH, ANDREA	UPDATED USING REASSIGN ALL
IPRA	GENERAL FIELD 4	-	03-JUN-2013 11:12	STOUTENBOROUGH, ANDREA	UPDATED USING REASSIGN ALL
IPRA	GENERAL FIELD 3	OLVERA, MARIA (SUPERVISOR)	10-OCT-2012 10:38	THOMAS, KELLY	UPDATED USING REASSIGN ALL
IPRA	GENERAL FIELD 3	-	10-OCT-2012 10:38	THOMAS, KELLY	UPDATED USING REASSIGN ALL

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	GENERAL FIELD 4	MESSENGER, VERONICA (PRIMARY INV)	21-DEC-2011 10:38	FAKUADE, JOSEPH	
IPRA	GENERAL FIELD 4	FAKUADE, JOSEPH (SUPERVISOR)	20-DEC-2011 14:18	STOUTENBOROUGH, ANDREA	
IPRA	GENERAL FIELD 4	-	20-DEC-2011 14:18	STOUTENBOROUGH, ANDREA	
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	14-DEC-2011 10:58	TOPPINS, YOLANDA	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED/NO CONVERSION	06-AUG-2013 09:51	FINNELL, ANTHONY	SUPERVISING INV COPA	113 /	
CLOSED AT C.O.P.A.	06-AUG-2013 09:42	FINNELL, ANTHONY	SUPERVISING INV COPA	113 /	
PENDING INVESTIGATIVE REVIEW	01-AUG-2013 10:30	MESSENGER, VERONICA	INVESTIGATOR 3 COPA	113 /	
PENDING INVESTIGATION	21-DEC-2011 10:38	FAKUADE, JOSEPH	COOR OPERATIONS COPA	113 /	
PENDING ASSIGN INVESTIGATOR	20-DEC-2011 02:18	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PENDING ASSIGN TEAM	14-DEC-2011 03:28	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	14-DEC-2011 01:39	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	14-DEC-2011 01:16	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	14-DEC-2011 10:59	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	14-DEC-2011 10:58	TOPPINS, YOLANDA	INTAKE AIDE	113 /	

Event # [REDACTED]

Type	Location	Date	Pri	DG	Svc Beat	Disp
BURGIP	[REDACTED]	17-NOV-2009 22:08:51	1B	004	0423	0610
Source	Response Level	Caller	Phone			
E	1	[REDACTED]				
Address of Occurrence [REDACTED]			Occ Beat 0423			

Event Chronology

Date	Activity	Wkstn	Person	Text
17-NOV-2009 22:08:22	REC			
17-NOV-2009 22:08:51	ENTRY	PCT39	[REDACTED]	42G72D MB WEARING ALL GRAY mb lsw all gry 9332 s colfax in cusotdy 9332 S COLFAX IN CUSTODY
17-NOV-2009 22:10:30	DSP	PD04		420
17-NOV-2009 22:13:42	MISC	PD04		434
17-NOV-2009 22:13:44	MISC	PD03		434
17-NOV-2009 22:14:09	MISC	PD03		RDG Report Number [REDACTED] D P/2610 P D554707
17-NOV-2009 22:14:10	MISC	PD04		Copied To Event(s): #CPL [REDACTED]
17-NOV-2009 22:14:32	ASST	PD03		434 [1 TO AREA]
17-NOV-2009 22:15:02	ASST	PD03		434
17-NOV-2009 22:15:31	ACK	PMDT4357		420
17-NOV-2009 22:30:27	CASERD	PD03		
17-NOV-2009 22:38:28	COPYT	PDT5103		
17-NOV-2009 22:43:01	CLOC	PD04		
17-NOV-2009 23:10:40	ONS	PMDT4357		
17-NOV-2009 23:57:56	CLEAR	PMDT4357		
18-NOV-2009 00:03:27	CLEAR	PD03		
18-NOV-2009 02:18:33	CLEAR	PD04		
18-NOV-2009 02:18:33	CLOSE	PD04		
	RMKS			

scr someone broke into garage in their right now
nfi

Unit Summary

Unit	Dispatch	Enroute	Onscene	T	TA	TC	Clear
42G72	22:10:30						18-NOV-2009
D							02:18:33
420	22:14:32						18-NOV-2009
							00:03:27
434	22:15:02	22:43:01	23:10:40				23:57:56

LOG # 1050684
Attachment # 4

Event # [REDACTED]

Type	Location	Date	Pri	DG	Svc Beat	Disp
ETECH3	[REDACTED]	17-NOV-2009 22:38:28	3B	CW2	0423	
Source	Response Level	Caller			Phone	
S		[REDACTED]				
Address of Occurrence [REDACTED]					Occ Beat	
					0423	

Event Chronology

Date	Activity	Wkstn	Person	Text
17-NOV-2009 22:38:28	ENTRY	PDTS103	[REDACTED]	Go to Card [ET3]
17-NOV-2009 22:37:07	ALERT	PDTS103	[REDACTED]	167 RD# ()
17-NOV-2009 22:37:29	ISIN	PDTS103	[REDACTED]	168 Nature of the offense (BURG)
17-NOV-2009 22:37:30	ISIN	PDTS103	[REDACTED]	177 Is offender in custody? (Y)
17-NOV-2009 22:37:42	ISIN	PDTS103	[REDACTED]	165 REQUESTING BEAT NUMBER? (42G72D)
17-NOV-2009 22:37:55	ISIN	PDTS103	[REDACTED]	Copied From Event # [REDACTED]
17-NOV-2009 22:38:28	COPYF	PDTS103	[REDACTED]	Copied 1 remarks from Event # [REDACTED]
17-NOV-2009 22:38:28	COPYF	PDTS103	[REDACTED]	Go to Card [ET3]
17-NOV-2009 23:01:47	ALERT	PDTS103	[REDACTED]	Remarks Entered; Triage Data Entered;
17-NOV-2009 23:02:51	CHNG	PDTS103	[REDACTED]	5823
17-NOV-2009 23:15:00	DSP	PDTS103	[REDACTED]	5823
17-NOV-2009 23:18:03	ACK	MDTP0483	[REDACTED]	5823
17-NOV-2009 23:18:08	ENR	MDTP0483	[REDACTED]	5823
17-NOV-2009 23:36:41	ONS	MDTP0483	[REDACTED]	5823
17-NOV-2009 23:42:11	CLOC	PDTS103	[REDACTED]	5823 [A2]
17-NOV-2009 23:56:54	CLEAR	MDTP0483	[REDACTED]	5823
17-NOV-2009 23:56:54	CLOSE	MDTP0483	[REDACTED]	
	RMKS			scr someone broke into garage in their right now nfi
	RMKS			*** Copy from # [REDACTED] to # [REDACTED] **
	RMKS			RD Records copied: [REDACTED]
	RMKS			0610 was last disposition copied from event # [REDACTED]
	RMKS			REQ PHOTOS OF TOOL MARKS ON SIDE DOOR, & PROCEEDS PILED UP
	RMKS			RD#() HR [REDACTED]
	RMKS			Nature of the offense() BURG
	RMKS			Is offender in custody?() Y
	RMKS			REQUESTING BEAT NUMBER?() 42G72D
	RMKS			AFTERWARDS, REQ. E.T. TO PHOTO SGT. BT 4220 - MCCLELLAND *1420 (BATT TO P.O.)

Event # [REDACTED]

Event Chronology

Date	Activity	Wkstn	Person	Text
				IN AREA 2 (1ST FLR - GUN TEAM)

Unit Summary

Unit	Dispatch	Enroute	Onscene	T	TA	TC	Clear
5823	23:15:00	23:18:08	23:36:41				23:56:54

CHICAGO POLICE DEPARTMENT

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
 (For use by Chicago Police Department Personnel Only)
 CPD-11.420C(REV. 6/30)

FINAL APPROVAL

CB #: [REDACTED]
 IR #: [REDACTED]
 YD #: [REDACTED]
 RD #: [REDACTED]
 EVENT #: [REDACTED]

ARREST REPORTING

OFFENDER	Name: [REDACTED]	Beat: 413	[REDACTED]
	Res: [REDACTED]	Male	[REDACTED]
	None	Black	[REDACTED]
	DOB: [REDACTED]	5' 09"	[REDACTED]
	AGE: 43 years	220 lbs	[REDACTED]
	POB: Illinois	Brown Eyes	[REDACTED]
SSN: [REDACTED]	Black Hair	[REDACTED]	
DLN: [REDACTED] IL	Braids Hair Style	[REDACTED]	
ARMED WITH Unarmed	Medium Complexion	[REDACTED]	

INCIDENT	Arrest Date: 17 November 2009 22:14	TRR Completed? Yes	Total No Arrested: 1	Co-Arrests	Assoc Cases	
	Location: [REDACTED]	Beat: 423	Dependent Children? No	DCFS Ward ?	No	
	291 - Residential Yard (Front/Back)					
	Holding Facility: District 005 Female Lockup					
Resisted Arrest? Yes						

CHARGES	Offense As Cited 720 ILCS 5.0/19-1-A			Victim
	BURGLARY			[REDACTED]
	Class 2 - Type F			
1	Offense As Cited 720 ILCS 5.0/12-4-A			State Of Illinois, Sgt. McClelland #1420
2	AGG BATTERY/PEACE OFF/DUTIES			
	Class 2 - Type F			

FELONY REVIEW	Felony Review : Approved	19 NOV 2009 00:40	Hamelly, Jen	State's Attorneys's Office

RECOVERED NARCOTICS	NO NARCOTICS RECOVERED			

LOG # 1050684

Attachment # 5

14 DEC 2011 03:55

Print Generated By: LUKAS, James [REDACTED]

Page 1 of 5

Powered by: CLEAR Technology

CPD 0060810

ARREST REPORTING

WARRANT

NO WARRANT IDENTIFIED

NON-OFFENDER(S)**VICTIM AND COMPLAINANT**

Name: [REDACTED]	Beat: 423	Male Black	Injured? No Deceased? No
Res: [REDACTED]		DOB: [REDACTED] Age: 30 years	Hospitalized? No
		Comments:	Treated and Released? No

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Sgt. McClelland #1420	DOB: [REDACTED]	Injured? No Deceased? No
	Age: [REDACTED]	Hospitalized? No
	Comments:	Treated and Released? No

ARRESTEE VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES**Confiscated Properties :**

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED]

NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

ARREST REPORTING

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EVENT # [REDACTED] THIS IS AN ON VIEW ARREST BY THE AREA 2 GUN TEAM, BEAT 42G72D. AO'S WERE WORKING A PSN MISSION IN THE 004TH DISTRICT AS THEY RESPONDED TO A CALL OF A BURGLARY IN PROGRESS AT [REDACTED]. AS AO'S ARRIVED, THEY OBSERVED THE OFFENDER FLEEING FROM THE GARAGE OF THE LISTED ADDRESS AND GAVE CHASE. DURING THE FOOT CHASE, P.O KINNEY #12614 OBSERVED THE OFFENDER REACH INTO HIS FRONT WAISTBAND, REMOVE A SCREWDRIVER AND THROW IT TO THE GROUND. P.O KINNEY AND SGT. MCLELLAND #1420 WERE ABLE TO PLACE THE OFFENDER INTO CUSTODY [REDACTED]. AO'S OBSERVED A SMALL SCRATCH ON THE OFFENDER'S CHIN THAT OCCURRED WHEN HE STUMBLLED TO THE GROUND. P.O KINNEY RECOVERED THE SCREWDRIVER. THE OFFENDER WAS THEN TRANSPORTED TO THE 005TH DISTRICT FOR PROCESSING. AO'S THEN RELOCATED TO [REDACTED] AND MET WITH THE VICTIM(NESBARY) WHO STATED THAT HE HEARD HIS ALARM GO OFF AND SAW HIS GARAGE LIGHT ON. THE VICTIM THEN CALLED 911. RO'S OBSERVED PRY MARKS ON THE SIDE GARAGE DOOR AND A PURPLE BICYCLE NEXT TO THE DOOR. RO'S ALSO OBSERVED A RIDGID SHOP VAC AND A HAND AIR PUMP IN THE ALLEY IN FRONT OF THE GARAGE. THE VICTIM RELATED TO RO'S THAT HIS GARAGE DOOR WAS LOCKED, THE ALARM WAS ON AND THERE WERE NO PRY MARKS ON HIS GARAGE DOOR EARLIER IN THE DAY. THE VICTIM FURTHER STATED THAT HE DID NOT GIVE PERMISSION TO THE OFFENDER TO ENTER INTO HIS GARAGE OR TO TAKE ANY OF THE LISTED ITEMS. SGT. MCLELLAND STATED TO AO'S THAT AS HE ARRIVED ON SCENE, HE OBSERVED THE OFFENDER STANDING INSIDE OF THE GARAGE HOLDING A PURPLE BICYCLE. THE OFFENDER THEN THREW THE BIKE AT SGT. MCLELLAND, WHICH HIT HIM IN THE FRONT OF HIS BODY, CAUSING AN ABRASION TO HIS LEFT HAND. THE OFFENDER THEN PUSHED SGT. MCLELLAND WITH TWO HANDS, CAUSING HIM TO FALL BACKWARDS INTO A CHAIN-LINK FENCE. SGT. MCLELLAND SUFFERED AN ABRASION TO HIS LEFT KNEE. SGT. MCLELLAND THEN CONTINUED TO CHASE THE OFFENDER WHERE HE WAS PLACED INTO CUSTODY. THE OFFENDER WAS MIRANDIZED AT THE 005TH DISTRICT. IN THE 005TH DISTRICT, THE OFFENDER STATED THAT HE "NEEDED TO PEE" AND OBSERVED THE SIDE GARAGE DOOR OPEN AT [REDACTED]. HE THEN RELATED THAT HE ENTERED THE DOOR AND THAT'S WHEN THE POLICE ARRIVED. ET- BEAT 5823, LEFLORE #17774 ARRIVED ON SCENE TO TAKE PHOTOS.

NAME CHECK CLEAR. NO INVESTIGATIVE ALERTS. THE OFFENDER IS NOT ON PAROLE OR PROBATION AND IS CLEAR OF G.I.P AND T.R.A.P. DENIES GANG AFFILIATION. THE OFFENDER HAS \$12.55 USC ON HIS PERSON.

COURT INFO: 24NOV09, BRANCH 38-2 @0900.

INVENTORY #S: [REDACTED] (PRISONER JEWELERY) [REDACTED] PROPERTY) [REDACTED] GLOVES/FLASHLIGHT)
[REDACTED] SCREWDRIVER)

SEE WC COMMENTS SECTION FOR ADDITIONAL COMMENTS

COURT INFO Desired Court Date: 24 November 2009

Branch: 38-2 727 E 111TH ST - Room

Court Sgt Handle? No

Initial Court Date: 19 November 2009

Branch: 1 2600 S CALIFORNIA - Room111

Docket #:

BOND INFO

BOND INFORMATION NOT AVAILABLE

REPORTING PERSONNEL **ATTESTING OFFICER:**

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #8954 ONEILL, K P [REDACTED]

18 NOV 2009 01:41

ARRESTING OFFICER(S):

1st Arresting Officer: #12614 KINNEY, P R [REDACTED]

Beat

42G72D

2nd Arresting Officer: #8954 ONEILL, K P [REDACTED]

42G72D

APPROVING SUPERVISOR:

Approval of Probable Cause : #617 KINGSLEY, D [REDACTED]

18 NOV 2009 01:55

ARREST PROCESSING REPORT

LOCKUP KEEPER PROCESSING	Holding Facility: District 005 Female Lockup		Time Last Fed:		
	Received in Lockup: 18 November 2009 02:25		Time Called:	Phone#:	
	Prints Taken: 18 November 2009 02:28		Cell #: F-1		
	Palmpprints Taken: Yes		Transport Details : 2PO 0434 17-NOV-2009 22:45		
	Photograph Taken: 18 November 2009 02:30				
	Released from Lockup: 19 November 2009 08:30				
	VISUAL CHECK OF ARRESTEE		ARRESTEE QUESTIONNARIE		
	Is there obvious pain or injury?	No	Presently taking medication?		No
Is there obvious signs of infection?	No	(if female)are you pregnant?			
Under the influence of alcohol/drugs?	No	First time ever been arrested?		No	
Signs of alcohol/drug withdrawal?	No	Attempted suicide/serious harm?		No	
Appears to be despondent?	No	Serious medical or mental problems?		No	
Appears to be irrational?	No	Are you receiving treatment?		No	
Carrying medication?	No				
RETURN TO HOLDING FACILITY COMMENTS:					
QUESTIONNAIRE REMARKS:					
LOCKUP KEEPER COMMENTS:					
EMERGENCY CONTACT					
Name : REFUSED					
Res:		Beat:			
INTERVIEW LOG					
NO INTERVIEWS LOGGED					
VISITOR LOG					
NO VISITORS LOGGED					

ARREST PROCESSING REPORT

MOVEMENT LOG	Action	By	Destination	Reason
	RELEASED BY	#2100	Pikowski, Randy J [REDACTED]	18 NOV 2009 21:49 District 005 Female Lockup
	RECEIVED BY	#21488	Haleem, Morad F [REDACTED]	18 NOV 2009 21:49 Area 2
	RECEIVED BY	#2100	Pikowski, Randy J [REDACTED]	18 NOV 2009 22:12 District 005 Female Lockup
	RELEASED BY	#2100	Pikowski, Randy J [REDACTED]	18 NOV 2009 23:52 District 005 Female Lockup
	RECEIVED BY	#16980	Fernandez, Arturo [REDACTED]	18 NOV 2009 23:52 Roseland Community
	RECEIVED BY	#2100	Pikowski, Randy J [REDACTED]	19 NOV 2009 03:23 District 005 Female Lockup

WC COMMENTS	Watch Commander Comments:	REL w/o CHARGING
	#617 Kingsley, Dale R [REDACTED] 18 NOV 2009 02:53 pending asa review	

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL	ARRESTEE PROCESSING PERSONNEL:		
	Searched By:	WEST, D T [REDACTED]	Beat
	Lockup Keeper:	#9678 GODINEZ, R [REDACTED]	
	Assisting Arresting Officer:	#11535 MCKENDRICK, W T ([REDACTED]	0434
	Assisting Arresting Officer:	#1420 MC CLELLAND III, W [REDACTED]	4220
	Assisting Arresting Officer:	#6072 REGAN, M [REDACTED]	0434
	Fingerprinted By:	WEST, D T [REDACTED]	
Detective :	#20215 Pullappally, Jason J [REDACTED]	18 NOV 2009 01:55	
APPROVAL PERSONNEL:			Beat
Final Approval of Charges :	#129 RAYMOND, A M([REDACTED]	19 NOV 2009 02:05	

Name: [REDACTED]

IR No: [REDACTED]



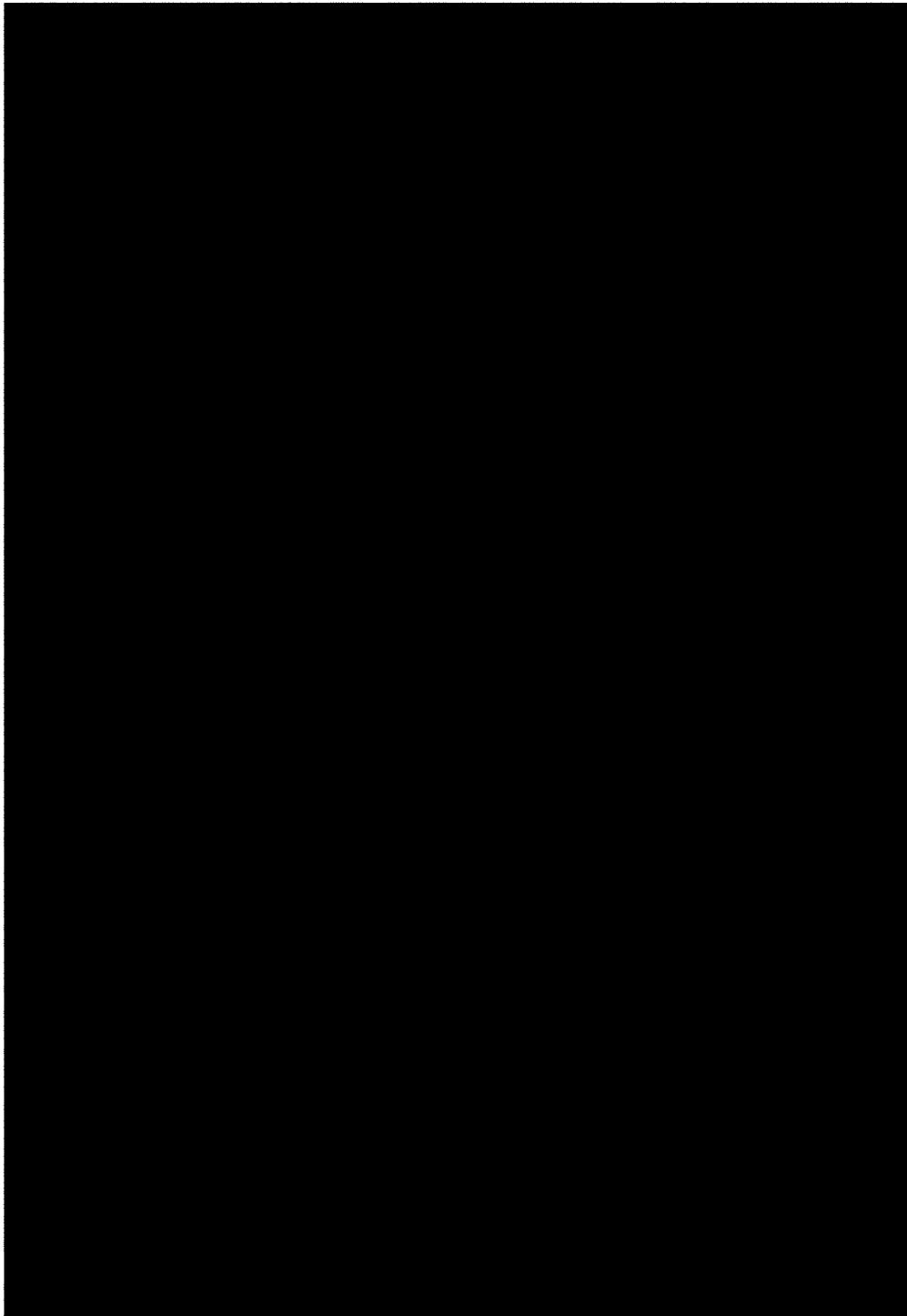


There are currently 1250 users online.

19 January 2012
11:09:55 AM

CLEAR DATA WAREHOUSE

CB Number: [REDACTED]



REPORT DATE= 19-January-2012 11:12:30 AM
REQUESTED BY= PC05578
FOR OFFICIAL POLICE USE ONLY!
NOT FOR DISSEMINATION!

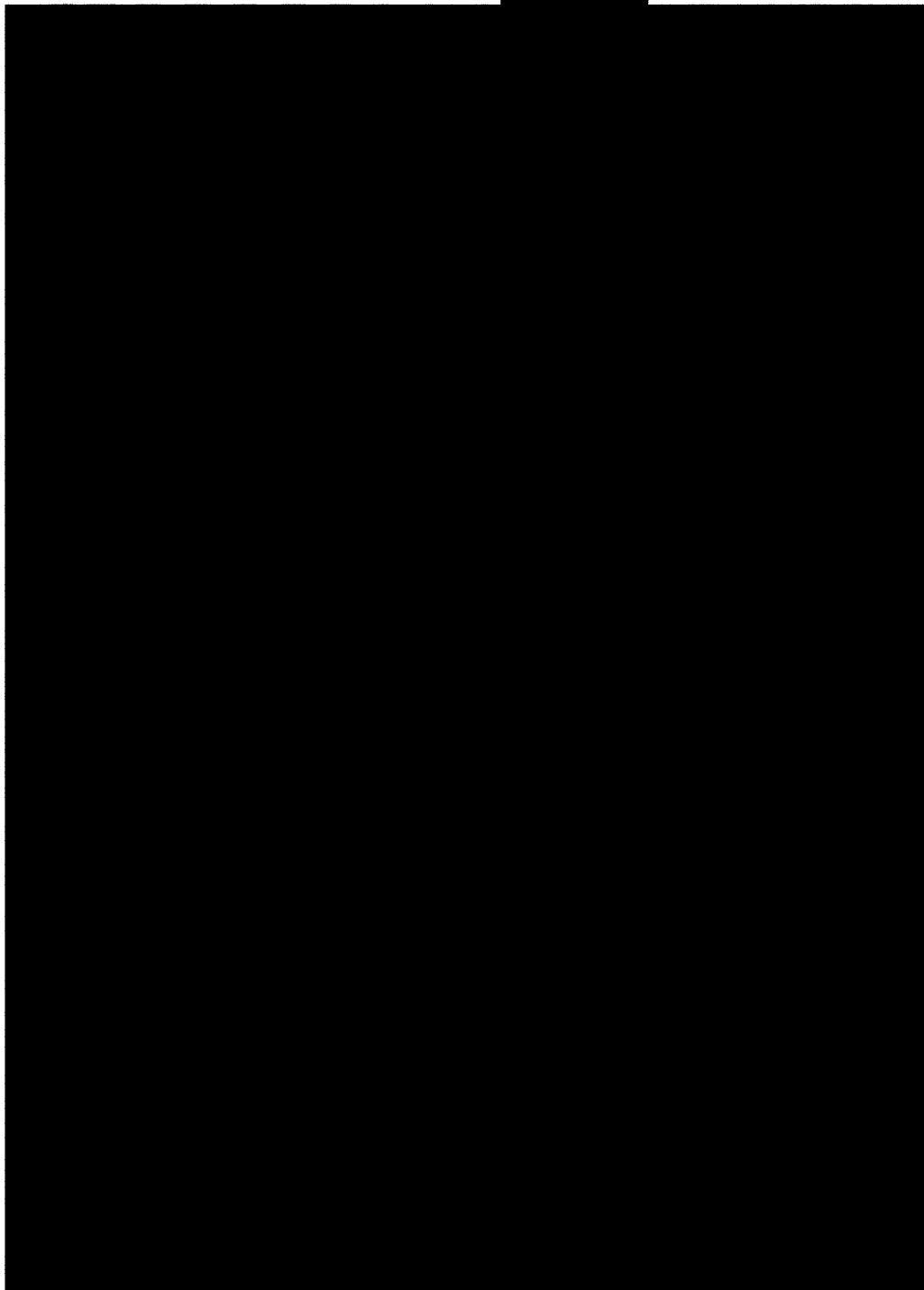


There are currently 1250 users online.

19 January 2012
11:10:18 AM

CLEAR DATA WAREHOUSE

CB Number: [REDACTED]



REPORT DATE= 19-January-2012 11:13:02 AM

REQUESTED BY= [REDACTED]

FOR OFFICIAL POLICE USE ONLY!

NOT FOR DISSEMINATION!

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11 388(6/03)-C)

RD #: [REDACTED]
EVENT #:

This Document is not an official copy. It is a computerized version of data entered from an original case report. A copy of the original case report can be obtained from the Records Division

INCIDENT	ASSIGNED TO FIELD	
	IUCR: 0610 - Burglary - Forceable Entry	
	Occurrence Location: [REDACTED]	Beat: 0423
	210 - Residence-Garage	Unit Assigned: 42G72D
Occurrence Date: 17 November 2009 22:08	RO Arrival Date: 17 November 2009 22:10	
	# Offenders: 1	

NON OFFENDER	VICTIM	
	Name: [REDACTED]	Demographics
	Res: [REDACTED]	Male
	Beat: 0423	Age: 30 Years
Beat: 5100	Black	
Other Communications and Availability		
Business: [REDACTED]		
Phone: [REDACTED]		
VICTIM		
Name: SGT MC CLELLAND		
727 E 111th St	Beat: 0531	
Chicago, IL		
PERSON REPORTING OFFENSE		
Name: [REDACTED]	Demographics	
Res: [REDACTED]	Male	
Beat: 0423	Age: 30 Years	
Beat: 5100	Black	
Other Communications and Availability		
Business: [REDACTED]		
Phone: [REDACTED]		
PERSON REPORTING OFFENSE		
Name: SGT MC CLELLAND		
Res: 727 E 111th St	Beat: 0531	
Chicago IL		
Beat: 5100		

SUSPECTS	LOG # <u>1050684</u>	
	Attachment # <u>6</u>	

SUSPECTS	Suspect # 1							
	Name: [REDACTED]	Res: [REDACTED]	Beat: 0413	Demographics				
			Male	Age:	43 years - 509 years			
			Black					
			5'09,					
			220 lbs					
			Brown Eyes					
			Black Hair					
			Medium Complexion					
RELATIONSHIP	RELATIONSHIP							
	(Victim)	[REDACTED]	is a	Other of	[REDACTED]	(Offender)	[REDACTED]	
OTHER	Burglary Information							
	Entry Point:	Garage						
Exit Point:	Garage							
Miscellaneous								
	Flash Message Sent ? No							
OTHER PROPERTIES	Property #1							
	Description: Ridgid Shop Vac And Hand Air Pump	Owner:	[REDACTED]	Used as Weapon? No				
			Taken/Stolen? Yes					
			Recovered? No					
			Damaged? No					
PERSONNEL	Star No	Emp No	Name	User	Date	Unit	Beat	
	Detective/Investigator	20215	[REDACTED]	PULLAPPALLY, Jason, J	[REDACTED]	03 Dec 2009 07:38	620	
	Reporting Officer	1420	[REDACTED]	MC CLELLAND III, William, J	[REDACTED]	02 Dec 2009 10:47	006	0423
	Reporting Officer	12614	[REDACTED]	KINNEY, Patrick, R	[REDACTED]	02 Dec 2009 10:47	212	0423

CHICAGO POLICE DEPARTMENT
CASE SUPPLEMENTARY REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police - Bureau of Investigative Services Personnel Only)

CLEARED CLOSED (ARREST AND PROSECUTION)		DETECTIVE SUP. APPROVAL COMPLETE															
Last Offense Classification/Re-Classification BURGLARY / Forceable Entry	IUCR Code 0610	Original Offense Classification BURGLARY / Forceable Entry			IUCR Code 0610												
Address of Occurrence [REDACTED]	Beat of Occur 423	No of Victims 2	No of Offenders 1	No of Arrested 1	SCR No												
Location Type Residence-Garage	Location Code 210	Secondary Location			Hate Crime? NO												
Date of Occurrence 17-NOV-2009 22:08	Unit Assigned 42G72D	Date RO Arrived 17-NOV-2009 22:10	Fire Related? NO	Gang Related? NO	Domestic Related? NO												
<table border="1"> <tr> <td>Reporting Officer PULLAPPALLY, Jason</td> <td>Star No 20215</td> <td>Approving Supervisor KOREN, Timothy</td> <td>Star No 1479</td> <td>Primary Detective Assigned PULLAPPALLY, Jason</td> <td>Star No 20215</td> </tr> <tr> <td>Date Submitted 05-MAR-2010 21:19</td> <td colspan="2">Date Approved 07-MAR-2010 07:17</td> <td colspan="3">Assignment Type FIELD</td> </tr> </table>						Reporting Officer PULLAPPALLY, Jason	Star No 20215	Approving Supervisor KOREN, Timothy	Star No 1479	Primary Detective Assigned PULLAPPALLY, Jason	Star No 20215	Date Submitted 05-MAR-2010 21:19	Date Approved 07-MAR-2010 07:17		Assignment Type FIELD		
Reporting Officer PULLAPPALLY, Jason	Star No 20215	Approving Supervisor KOREN, Timothy	Star No 1479	Primary Detective Assigned PULLAPPALLY, Jason	Star No 20215												
Date Submitted 05-MAR-2010 21:19	Date Approved 07-MAR-2010 07:17		Assignment Type FIELD														

THIS IS A FIELD INVESTIGATION CLEARED CLOSED (ARREST AND PROSECUTION) REPORT

VICTIM(S) :

[REDACTED]
Male / Black / 30 Years

DOB: [REDACTED]

RES: [REDACTED]

OTHER COMMUNICATIONS:

Business
Phone : [REDACTED]

DLN/ID: [REDACTED]

SGT MC CLELLAND

EMPLOYMENT: Chicago Police Officer

BUS: 727 E 111th St
Chicago IL

OFFENDER(S):

-- In Custody --

[REDACTED]
Male / Black / 43 - 509 Years

DOB: [REDACTED]

RES: [REDACTED]

DESCRIPTION: 5'09,220,Black Hair, Brown Eyes, Medium Complexion

SSN: [REDACTED]

IR #: [REDACTED]

CB #: [REDACTED]

06 # 1050684

RELATIONSHIP OF VICTIM TO OFFENDER:

Attachment

7

Other

LOCATION OF INCIDENT:[REDACTED]
210 - Residence-Garage**DATE & TIME OF INCIDENT:**

17-NOV-2009 22:08

METHOD CODE(S):

DNA

CAU CODE(S):

Bike Taken/Not Theft

OTHER PROPERTY TAKEN:

Ridgid Shop Vac And Hand Air Pump

OWNER: [REDACTED]

BURGLARY INFORMATION:

POINT OF ENTRY: Garage

POINT OF EXIT: Garage

PERSONNEL ASSIGNED:Detective/Investigator

PULLAPPALLY, Jason J # 20215

Reporting OfficerKINNEY, Patrick R # 12614 BEAT: 0423
MC CLELLAND III, William J # 1420 BEAT: 0423**OTHER INDIVIDUALS INVOLVED:**[REDACTED]
Male / Black / 30 Years

(Person Reporting Offense)

RES: [REDACTED]

OTHER COMMUNICATIONS:Business
Phone : [REDACTED]SGT MC CLELLAND

(Person Reporting Offense)

RES: 727 E 111th St
Chicago IL**CRIME CODE SUMMARY:**0610 - Burglary - Forcible Entry
0453 - Battery - Aggravated Po: Other Dang Weap**IUCR ASSOCIATIONS:**0453 - Battery - Aggravated Po: Other Dang WeapSGT MC CLELLAND
ANDERSON, Thomas, L
0610 - Burglary - Forcible Entry(Victim)
(Offender)(Offender)
(Victim)**ASSOCIATED ARRESTS:**

[REDACTED]

REPORT DISTRIBUTIONS:

No Distribution

INVESTIGATION:**DATE ASSIGNED:**
17-NOV-2009

DATE VICTIM INTERVIEWED:

17-NOV-2009

VICTIM:

M/1/30

ADDITIONAL VICTIMS:

SGT. MCCLELLAND #1420
727 E. 111th Street
Area 2 Gun Team

IN CUSTODY OR WANTED:

M/1/43

SS#

DL#

CB#

IR#

ARRESTING OFFICERS:

P.O. P. KINNEY #12614 BEAT 42G72D
P.O. K. ONEILL #8954 BEAT 42G72D
P.O. W. MCKENDRICK #11535 BEAT 0434
SGT. W. MCCLELLAND #1420 BEAT 4220
P.O. M. REGAN #6072 BEAT 0434

DATE, TIME & LOCATION OF ARREST:

17-NOV-2009 @ 2214HRS
@ 9332 S. COLFAX AVE

CHARGES:

720ILCS 5.0/19-1-A
720ILCS 5.0/12-4-A

COURT DATE & BRANCH:

24-NOV-2009 38-2

LOCATION OF OCCURRENCE:

DATE, DAY & TIME OF OCCURRENCE:

17-NOV-2009 @ 2208HRS

WITNESSES:

M/1/30

INTERVIEWED:

M/1/30

SGT. MCCLELLAND #1420
727 E. 111th Street
Area 2 Gun Team

M/1/43

SS# [REDACTED]

DL# [REDACTED]

CB# [REDACTED]

IR# [REDACTED]

MODUS OPERANDI OR TRADEMARK:

[REDACTED] used a screwdriver to pry open the side garage door of [REDACTED]
and once forcible entry was made, [REDACTED] attempted to remove [REDACTED]
property.

EVIDENCE:

1 CRAFTSMAN FLATHEAD SCREWDRIVER inventoried under: [REDACTED]

1 BLACK FLASHLIGHT inventoried under: [REDACTED]

1 PAIR OF GLOVES inventoried under: [REDACTED]

Crime Scene Photos:

Photo Type Media Type Scale Used Photo Description

OVERALL DIGITAL FRONT OF GARAGE@

BOTH (OVERALL/CLOSE UP) DIGITAL VACCUM, AND AIR PUMP ON ALLEY PAVEMENT IN FRONT OF GARAGE

OVERALL DIGITAL REAR OF GARAGE @

OVERALL DIGITAL REAR SIDE OF GARAGE FACING EAST

BOTH (OVERALL/CLOSE UP) DIGITAL PRY MARKS ON DOOR

BOTH (OVERALL/CLOSE UP) DIGITAL PRY MARKS ON DOOR FRAME

BOTH (OVERALL/CLOSE UP) DIGITAL IDENT OF SGT. MCCLELLAND, WILLIAM # 1420 M/2/41

BOTH (OVERALL/CLOSE UP) DIGITAL SGT. MCCLELLAND, WILLIAM # 1420 HANDS
BOTH (OVERALL/CLOSE UP) DIGITAL SGT. MCCLELLAND, WILLIAM # 1420 LEFT KNEE

PERSONNEL ASSIGNED:

P.O. P. KINNEY #12614 BEAT 42G72D

P.O. K. ONEILL #8954 BEAT 42G72D

P.O. W. MCKENDRICK #11535 BEAT 0434

SGT. W. MCCLELLAND #1420 BEAT 4220

P.O. M. REGAN #6072 BEAT 0434

E.T. K. LEFLORE #17774 BEAT 5823

DET. J. PULLAPPALLY #20215 BEAT 5245

DET. M. HALEEM #21488 BEAT 5245

INVESTIGATION:

In summary, R/D was assigned this investigation per his command on 17-NOV-2010. R/D interviewed [REDACTED] who related the following in essence and not verbatim: On 17-NOV-2009, [REDACTED] last observed his garage door at 1900hrs. [REDACTED] observed his side entry door locked and with no visible damage. At 2205hrs, [REDACTED] garage door alarm activated. [REDACTED] walked to his back window and observed what he appeared to be a flashlight on and moving about in his garage. The flashlight was the only light on in the garage.

[REDACTED] called OEMC at 2208hrs and reported someone in his garage. Within a few minutes observed a Chicago Police Department vehicle pull up in front of his residence and one behind his residence. [REDACTED] looked thorough his blinds and observed a male black push a Police Officer in the upper body and try to force him to the ground. [REDACTED] stated that the Officer thwarted this by maintaining his balance on the fence. The male black then fled through the yard, eluded another Police Officer and fled. [REDACTED] never gave permission to the male black to be in his garage or remove any property. [REDACTED] did not know the male black.

wanted to pursue criminal charges against the offender now identified as

[REDACTED] then observed his garage door and stated that the pry marks were not there when he left it. [REDACTED] also observed his RIDGID SHOP VAC and HAND in the alley outside the garage.

R/D interviewed SGT. MCCLELLAND who related to R/D in essence and not verbatim that he was on patrol in the area when he heard the OEMC dispatch call of arrived on the scene within two

minutes while responding to the OEMC call of a burglary in progress at [REDACTED] in the garage. MCCLELLAND arrived at the scene within two minutes. MCCLELLAND observed the side garage door open and noises coming from inside. MCCLELLAND approached the garage door and was met with a male black, now identified as [REDACTED] carrying a purple mountain bicycle inside the garage. [REDACTED] came face to face with MCCLELLAND and responded, "Oh shit!" and threw the bicycle at MCCLELLAND who was struck in the upper body causing him to fall back into a chain link fence. [REDACTED] then forcibly struck MCCLELLAND in the chest and pushed him to the ground and a brief struggle ensued. [REDACTED] could not keep MCCLELLAND on the ground and fled the scene. [REDACTED] was immediately pursued by assisting officers and MCCLELLAND. During the brief pursuit, MCCLELLAND observed [REDACTED] reach into his waistband, remove a large screwdriver, and then throw it to the ground. The screwdriver was subsequently recovered and inventoried. [REDACTED] was apprehended at approximately 2214hrs. MCCLELLAND positively identified [REDACTED] as the offender in the garage. MCCLELLAND suffered an abrasion to his left knee and hand. [REDACTED] was taken into custody and subsequently transported to AREA 2 for processing.

R/D along with Detective HALEEM mirandized [REDACTED] at 0055hrs in Area 2. [REDACTED] understood his rights and related to R/D in essence and not verbatim that he went from [REDACTED] to a viaduct, then took a piss on a garage. [REDACTED] then stated that he took a piss on the grass and he observed the side garage door already open. [REDACTED] then changed his story and stated that he randomly tried the doorknob which opened. [REDACTED] stated that he opened the door just to see. [REDACTED] stated that he went in and probably went to sleep. [REDACTED] then stated that he was going to ride the bicycle to the store. [REDACTED] then stated that he was going to ride the bicycle to his house. [REDACTED] could not explain why he entered the garage. When asked about the screwdriver that was observed coming out of his waistband and thrown to the ground, [REDACTED] did not have any knowledge. [REDACTED] did state that he knew the individual he pushed was a Chicago Police Officer. [REDACTED] did not have anything else he wanted to add. It should be noted that [REDACTED] gave several accounts of the incident and would not commit to one. The interview was terminated.

Based on the above investigation, R/D requests the matter be CLEAR CLOSED ARREST AND PROSECUTION.

Detective J. Pullappally 20215
Area 2 RBT

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply)	1. DATE OF INCIDENT 17-NOV-2009	TIME 22:08:00	2. ADDRESS OF OCCURRENCE [REDACTED]	3. LOCATION CODE 210	4. BEAT/OCCUR 0423				
	5. POSITION 9171	6. LAST NAME MC CLELLAND III	7. FIRST NAME WILLIAM J	8. STAR NO. 1420	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 508	12. HT. 175	13. WT.
	14. DATE OF APPT. 06-MAY-1996	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 253 4220	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	20. LAST NAME [REDACTED]	21. FIRST NAME [REDACTED]	22. M.I. L	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 509	27. WT. 220	
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No <input type="checkbox"/> 03 Yes	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No <input type="checkbox"/> 03 Yes <input checked="" type="checkbox"/> 04 No				
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]	34. BY WHOM? [REDACTED]	35. CONDITION <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	36. CHARGES PLACED 720 ILCS 5.0/12-4-A, 720 ILCS 5.0/19-1-A	37. CB NO. [REDACTED]	IR NO. [REDACTED]	DNA		
	<input type="checkbox"/> DNA	PASSIVE RESISTER SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____	ACTIVE RESISTER MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> WAUTHORIZATION <input type="checkbox"/> OTHER _____	ASSAULTANT: ASSAULT IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____	ASSAULTANT: BATTERY ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	ASSAULTANT: DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____			
	<input checked="" type="checkbox"/> DNA	OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Deployed) <input type="checkbox"/> OTHER _____	ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	FIREARM <input type="checkbox"/> OTHER _____				
	39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]	40. ADDITIONAL INFORMATION BIKE THROWN AT MEMBER WHICH STRUCK MEMBER CAUSING CUTS TO MEMBERS HAND. OFFENDER PUSHED MEMBER IN CHEST WHICH CAUSED MEMBER TO LOSE BALANCE AND FALL TO THE GROUND RESULTING IN LEFT KNEE (CUT) AND RIGHT KNEE (PAIN).							
	WEAPON DISCHARGE INCIDENT POSITION STAR NO. UNIT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dark <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR				
45. MAKE/MANUFACTURER [REDACTED]	46. MODEL [REDACTED]	47. BARREL LENGTH [REDACTED]	48. CALIBER/GAUGE [REDACTED]						
49. TASER DART ID NO. [REDACTED]	50. WEAPON SERIAL NO. (Include Letters) [REDACTED]	51. CHICAGO GUN REG NO. [REDACTED]	52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]					
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	55. PROPERTY INVENTORY NO. [REDACTED]	56. TYPE OF AMMUNITION USED [REDACTED]	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. [REDACTED]	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]					
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 66 FT. <input type="checkbox"/> 02 67 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]	67. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]					
72. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): NOTIFICATIONS (FIREARM INCIDENT): Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	73. REPORTING MEMBER (Print Name) MC CLELLAND III, WILLIAM J 18-NOV-2009 00:33:23	STAR/EMPLOYEE NO. 1420	SIGNATURE [REDACTED]	74. REVIEWING SUPERVISOR (Print Name) LAVOY, JAMES A	STAR NO. 524	SIGNATURE [REDACTED]	DATE REVIEWED 18-NOV-2009 00:38:52	TIME	
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.									
CPD-11.377 (REV. 10/07)									

LOG # 1050684

Attachment B

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)

R/LI. identified himself to the arrestee and requested a statement. Arrestee stated "I was drunk and I didn't know what I was doing".

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Sergeant was responding to a burglary in progress. Upon arrival the Sergeant observed the offender inside the victim's garage with the victim's bicycle in his hands. The offender threw the bicycle at the Sergeant, and pushed the Sergeant to the ground in an attempt to make good his escape. The Sergeant was attacked while in the lawful performance of his duties.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

RIGGENBACH, CARL R

SIGNATURE

DATE COMPLETED

18-NOV-2009 00:58:36

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT <input type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> I.O.D. REPORT <input type="checkbox"/> CR INITIATION REPORT <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	SO. TOTAL TRR'S THIS EVENT NO. 1
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OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) MC CLELLAND III, WILLIAM J		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE [REDACTED]	
STAR NO. 1420	POSITION SERGEANT OF POLICE	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (if outside Chicago)
DATE OF APPOINTMENT 06-MAY-1996	EMPLOYEE NO. [REDACTED]	LOCATION CODE 210-RESIDENCE-GARAGE	BEAT OF OCCURRENCE 0423
UNIT OF ASSIGNMENT 006	BEAT/CALL NO. 4220	DATE OF OCCURRENCE 17-NOV-2009	TIME 22:08:00
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DAY OF WEEK TUESDAY	NO. OF OFFICERS BATTERED 1
HEIGHT 508	WEIGHT 175	WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO	
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? 2			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WORKING: <input checked="" type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER	
MANNER OF ATTACK			
<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)			
TYPE OF WEAPON/THREAT			
(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> D. HAND/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____			
TYPE OF ACTIVITY			
<input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____			
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____			
<input checked="" type="checkbox"/> K. OTHER			
FIREARM USE INFORMATION (Check all that apply):			
<input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON			
OFFENDER INFORMATION			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOS [REDACTED]	CB NO. [REDACTED]
		IR NO. _____	
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG RELATED?			
<input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN			
NO. OF OFFENDERS PRESENT? 1			
TYPE OF INJURY TO OFFICER			
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE			
LIGHTING CONDITIONS AT INCIDENT			
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN		<input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT [REDACTED] 1. POOR 2. GOOD	
WEATHER CONDITIONS			
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND			
APPROXIMATE OUTDOOR TEMPERATURE: 50 °F 1050684			

Attachment # 9

REPORTING MEMBER - SIGNATURE
MC CLELLAND III, WILLIAM J

STAR NO.
1420

WATCH COMMANDER/UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
RIGGENBACH, CARL R

231

BY SIGNATURE ACKNOWLEDGES THAT I HAVE RECEIVED ALL PROPERTY INSCRIBED ON THE APPENDIX F LINES OF THIS INVENTORY AS

LINE	OWNER'S SIGNATURE	OWNER'S ADDRESS	DATE RECEIVED	OFFICER MAKING TURN-OVER SIGNATURE & STAR NO.	WATCH COMMANDER'S APPROVAL
3770144	SIGNATURE ON FILE				
3770145	SIGNATURE ON FILE				

EVIDENCE & RECOVERED PROPERTY SECTION USE ONLY

DATE	E. & R.P.S. OFFICER'S SIGNATURE CONFIRMATION	OFFICER'S SIGNATURE ATTESTS RECEIVING OR RETURNING ALL LISTED PROPERTY	STAR NO.	UNIT	CONTINUANCE DATE & REMARKS
	OUT				
	IN				P
	OUT				Y
	IN				
IDENTIFICATION VERIFICATION	VALID DRIVERS LICENSE NO. STATE		CITY FIREARMS REGISTRATION NO.		ILLINOIS FIREARM OWNERS I.D. NO.
	OTHER IDENTIFICATION (SPECIFY)		CLAIMANT'S SIGNATURE		
					E. & R.P.S. OFFICER'S SIGNATURE - STAR NO.

DATE RECOVERED

17-NOV-2009



RD [REDACTED]

RE-INVENTORY OF:

ITEM ID	QUANTITY	DESCRIPTION OF PROPERTY		
	1	TOOL / POWER, HAN : BLACK FLASHLIGHT		
	1	CLOTHING / FUR : PAIR OF GLOVES		
COMMENTS:				
Court Date 24-NOV-2009		\$ DEPOSITED AMT	\$ INVENTORY AMT	MY SIGNATURE HEREON ACKNOWLEDGES RECEIVING ALL PROPERTY DESCRIBED IN THIS INVENTORY
Court Branch 38-2				RECIPIENTS SIGNATURE <i>X</i>
CURRENCY:				ADDRESS - STREET
				CITY STATE ZIP
				DATE RECEIVED
				OFFICER'S SIGNATURE - STAR - UNIT <i>X</i>
				WATCH COMDR.'S APPROVAL SIGNATURE (EXEMPT RANK REQUIRED FOR FIREARMS) <i>X</i>
EVIDENCE & RECOVERED PROPERTY SECTION USE ONLY				
IUCR: 0610 BURGLARY FORCIBLE ENTRY		CHARGE TYPE: FELONY		
STATE CHARGES: 720 ILCS 5.0/18-1-A		INCHOATE: OFFENSE AS CITED		
RECOVERED/SEIZED FROM - NAME <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/> ARRESTED		BEAT OF RECOVERY 423		
OWNER'S NAME		ADDRESS	TELEPHONE NO. 7737343097	JUDGE CT.BR.
FOUND BY - NAME ONEILL, KEVIN Star: 8954		ADDRESS	TELEPHONE NO.	OFFICER'S SIGNATURE - STAR UNIT <i>X</i>
<input checked="" type="checkbox"/> CHECK IF C.P.D.		SEE COPY 4 FOR NOTICE TO FINDER		
<input checked="" type="checkbox"/> HOLD FOR INVESTIGATION AND/OR EVIDENCE (IF NOT NEEDED FOR INVESTIGATION/EVIDENCE, LEAVE BLANK)		INVESTIGATING OFFICER - KINNEY, PATRICK	STAR NO. 12614	UNIT 212
<input type="checkbox"/> PROPERTY AVAILABLE FOR RETURN TO OWNER		1st OFFICER'S NAME KINNEY, PATRICK	STAR NO. 12614	UNIT 212
<input type="checkbox"/> TO BE DISPOSED OF BY CUSTODIAN (NOT TO BE RETURNED) (THIS APPLIES IF PROPERTY IS NOT EVIDENCE, NOT RETURNABLE AND/OR OWNER IS UNKNOWN)		2nd OFFICER'S NAME ONEILL, KEVIN	STAR NO. 8954	UNIT 212
INITIAL DESTINATION OF PROPERTY: ERPS		SIGNATURE Electronic Approval		
VIA <input checked="" type="checkbox"/> POLICE MAIL <input type="checkbox"/> RECOVERING UNIT PERSONNEL <input type="checkbox"/> POLICE PICKUP <input type="checkbox"/> EVID./LAB TECHNICIAN		APPROVING DESK SERGEANT WALKER, TOMMY	STAR NO. 2328	DATE 18-NOV-2009 TIME 01:02

COPY 1 - KEEP WITH PROPERTY

Printed by: [REDACTED]

JAN-2012 11:15

MY SIGNATURE ACKNOWLEDGES THAT I HAVE RECEIVED A PROPERTY DESCRIPTON ON THE APPLICATION FORM OF THIS INVENTORY AS SHOWN AT DIGHTY.

EVIDENCE & RECOVERED PROPERTY SECTION USE ONLY

DATE	E. & R.P.S. OFFICER'S SIGNATURE CONFIRMATION		OFFICER'S SIGNATURE ATTESTS RECEIVING OR RETURNING ALL LISTED PROPERTY	STAR NO.	UNIT	CONTINUANCE DATE & REMARKS	INDICTMENT OR DOCKET NO.
	OUT						
	IN						
	OUT						
	IN						
IDENTIFICATION VERIFICATION	VALID DRIVERS LICENSE NO. STATE			CITY FIREARMS REGISTRATION NO.		ILLINOIS FIREARM OWNERS I.D. NO.	
	OTHER IDENTIFICATION (SPECIFY)			CLAIMANT'S SIGNATURE			
	E. & R.P.S. OFFICER'S SIGNATURE - STAR NO.						

MY SIGNATURE ACKNOWLEDGES THAT I HAVE RECEIVED ALL PROPERTY IN SCRIMMAGE ON THE APPICARAI FIELDS OF THE INVENTORY AS STATED ON ATTACHED SHEET.

EVIDENCE & RECOVERED PROPERTY SECTION USE ONLY

DATE	E. & R.P.S. OFFICER'S SIGNATURE CONFIRMATION		OFFICER'S SIGNATURE ATTESTS RECEIVING OR RETURNING ALL LISTED PROPERTY	STAR NO.	UNIT	CONTINUANCE DATE & REMARKS	INDIMENTI OR DOCKET NO.
	OUT	IN					
					O		
					P		
					Y		
IDENTIFICATION VERIFICATION	VALID DRIVERS LICENSE NO.		STATE	CITY FIREARMS REGISTRATION NO.		ILLINOIS FIREARM OWNERS I.D. NO.	
	OTHER IDENTIFICATION (SPECIFY)			CLAIMANT'S SIGNATURE			
	E. & R.P.S. OFFICER'S SIGNATURE - STAR NO.						

DATE RECOVERED

17-NOV-2009

R

RE-INVENTORY O

COPY 1 - KEEP WITH PROPERTY

MY SIGNATURE ACKNOWLEDGES THAT I HAVE
RECEIVED ALL PROPERTY INScribed ON THIS
APPLICATION FOR APPROVAL OF THIS INVENTORY AS
SHOWN AT LEFT.

LINE	OWNER'S SIGNATURE	OWNER'S ADDRESS	DATE RECEIVED	OFFICER MAKING TURN-OVER SIGNATURE & STAR NO.	WATCH COMMANDER'S APPROVAL
3770168	O P				
	N V				
	N				
	O R				
	R Y				

EVIDENCE & RECOVERED PROPERTY SECTION USE ONLY

DATE	E. & R.P.S. OFFICER'S SIGNATURE CONFIRMATION		OFFICER'S SIGNATURE ATTESTS RECEIVING OR RETURNING ALL LISTED PROPERTY	STAR NO.	UNIT	CONTINUANCE DATE & REMARKS	INVESTIGATOR NO. OR DOCKET NO.
	OUT				O		
	IN				P		
	OUT				Y		
	IN						
IDENTIFICATION VERIFICATION	VALID DRIVERS LICENSE NO.		STATE	CITY FIREARMS REGISTRATION NO.		ILLINOIS FIREARM OWNERS I.D. NO.	
	OTHER IDENTIFICATION (SPECIFY)			CLAIMANT'S SIGNATURE			
	E. & R.P.S. OFFICER'S SIGNATURE - STAR NO.						

CHICAGO POLICE DEPARTMENT
CRIME SCENE PROCESSING REPORT
3510 South Michigan Avenue
Chicago, Illinois 60653
(for use by Chicago Police Department Personnel Only)



Report No.: [REDACTED]

Incident: [REDACTED]

Event No.: [REDACTED]

Status: APPROVED

Report No.: [REDACTED]

Unit Assigned (Beat): 5823 ME No.: [REDACTED]

IUCR: 0610 BURGLARY FORCIBLE ENTRY

Assignment Type: PHOTO REQUEST Requested By 42G72D

No Service: NO ERT Assignment: NO Secured: NO

Date / Time Received: 17-NOV-2009 23:15 Arrived: 17-NOV-2009 23:36 Completed: 18-NOV-2009 01:29

Address of Service: [REDACTED] BEAT: 0423

Address of Incident: [REDACTED] BEAT: 0423

Associated Incidents

Investigating Officers and Technicians

Evidence Technician LEFLORE, KENNETH Star No: 17774 Unit: 477

Officer KINNEY, PATRICK Star No: 12614 Unit: 212

Officer ONEILL, KEVIN Star No: 8954 Unit: 212

Involved People

Name	Sex	Race	Age D.o.B.	IR No. CB No.
Victim [REDACTED]	MALE	BLACK	30 11-MAY-1979	

Inventories

None

Inventory Items

None

Firearms

None

Crime Scene Photos

Crime Scene Video Exists NO

Photo Type	Media Type	Scale Used	Photo Description
OVERALL	DIGITAL		FRONT OF GARAGE@ [REDACTED]
BOTH (OVERALL/CLOSE UP)	DIGITAL		VACCUME, AND AIR PUMP ON ALLEY PAVEMENT IN FRONT OF GARAGE
OVERALL	DIGITAL		REAR OF GARAGE @ [REDACTED]
OVERALL	DIGITAL		REAR SIDE OF GARAGE FACING EAST
BOTH (OVERALL/CLOSE UP)	DIGITAL		PRY MARKS ON DOOR
BOTH (OVERALL/CLOSE UP)	DIGITAL		PRY MARKS ON DOOR FRAME
BOTH (OVERALL/CLOSE UP)	DIGITAL		IDENT OF SGT. McCLELLAND, WILLIAM # 1420 M/2/41
BOTH (OVERALL/CLOSE UP)	DIGITAL		SGT. McCLELLAND, WILLIAM # 1420 HANDS
BOTH (OVERALL/CLOSE UP)	DIGITAL		SGT. McCLELLAND, WILLIAM # 1420 LEFT KNEE

LOG # 1050684

Attachment # 11

Involved Vehicles

None

Narrative

R/ET RESPONDED TO ABOVE LOCATION FOR BURGLARY PHOTO REQUEST. P.O.E. SIDE GARAGE DOOR. R/ET TOOK PHOTOS OF SCENE AND, THEN RELOCATED TO AREA 2 AND TOOK PHOTOS OF SGT. MCCLELLAND, WILLIAM # 1420 .

Submitted by **LEFLORE KENNETH** Star No 17774 on 18-NOV-2009 01:29

Approved by **GREER CHERYL** Star No 1516 on 18-NOV-2009 03:47

/14/2011

CPD 0060839

REQUEST FOR CRIME SCENE / EVIDENCE PHOTOGRAPHS

Forensic Services - Photography Section
Chicago Police Department

INSTRUCTIONS: COMPLETE ALL APPLICABLE BOXES AND FORWARD
UNIT 177 - FORENSIC PHOTOGRAPHY SECTION

REQUESTED BY - NAME <i>Lukas, Jim</i>		STAR No. 117	UNIT OF ASSIGNMENT 113 IPRA	BELL/PAX 014
RECORDS DIVISION No. [REDACTED]	LOG No. / CR No.	RELATED No.		TYPE OF CASE / CRIME
DATE OF CRIME / INCIDENT 17 NOV 2009	DATE PHOTOS WERE TAKEN BELIEVED TO BE 17 NOV09	DEPT. MEMBER WHO TOOK PHOTOS (IF KNOWN) LE FLORE, #17774		Best 5823
REASON FOR REQUEST <input type="checkbox"/> EVIDENCE IN COURT <input checked="" type="checkbox"/> INVESTIGATION <input type="checkbox"/> OTHER (EXPLAIN) <i>NEED 2 SETS PLEASE</i>				
APPROVED BY - SIGNATURE OF REQUESTER'S UNIT COMMANDING OFFICER) <i>Bruce Dean</i>		STAR No. 016	DATE 14 Dec 11	

TO BE COMPLETED BY THE FORENSIC PHOTOGRAPHY SECTION

- REQUEST PROCESSED _____
- REQUEST DENIED _____
- NO RECORD ON FILE _____

CPD-33.713 (Rev. 8/07)

LOG # 1050684
Attachment # 18

PHOTOGRAPHIC EVIDENCE COVERSHEET

DATE TAKEN: 17 Nov 09

TAKEN BY: P.D. LeFlore #17774
Garage R

PHOTOGRAPH(S) OF: [REDACTED]

RECORDED UNDER

RD#/LOG#: [REDACTED]

TOTAL# OF PHOTOGRAPHS IN

GROUP: 16

Log# 1050684
Att# 13

~~CRIMINAL SUSPECT~~
Burglary

DATE & TIME PHOTOS TAKEN

17 Nov 09 2336

PHOTOGRAPHER'S NAME

K.LEFLORE

STAR NO. UNIT

17774 477

CPD 0060843

CPD 0060844

CPD 0060845

CPD 0060846



CPD 0060847



CPD 0060848



CPD 0060849

CPD 0060850

CPD 0060851



CPD 0060852



CPD 0060853



CPD 0060854



CPD 0060855



CPD 0060856



CPD 0060857

PHOTOGRAPHIC EVIDENCE COVERSHEET

DATE TAKEN: 17 Nov 09

TAKEN BY: P.O. LeFlore #17774

PHOTOGRAPH(S) OF: Sgt. William McClelland

RECORDED UNDER [REDACTED]
RD#/LOG#: [REDACTED]

**TOTAL# OF PHOTOGRAPHS IN
GROUP:** 7

Log# 1050684
Att# 14

• Electronic Court Amplification Card
Scales will be accepted

• Recyclable Paper Please

• Recyclable Mailboxes

• Books and DVDs

• All personal property items left on the
Court Dimensions will be turned over to the
above list for investigation by the
investigating officers via the C-Block system.

LOCK UP

NO PERSONAL PROPERTY IN LOCKUP
ALL PROPERTY IS TO BE SEARCHED
PRIOR TO ENTERING THE LOCKUP

OFFICERS PLEASE
Secure your weapons
BEFORE approaching
your arrestee
Safety First



CPD 0060859

LOCK UP

NO FIREARMS PERMITTED IN

ALL PRISONERS ARE TO BE S

PRIOR TO ENTERING THE L

OFFICE
SECURE
BEFORE
your ar

Saf

CPD 0060860



CPD 0060861



CPD 0060862



CPD 0060863



CPD 0060864



CPD 0060865

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

CASE NUMBER: [REDACTED]

V.

ASSIGNED JUDGE: George W. Lindberg

CITY OF CHICAGO AND CHICAGO POLICE OFFICERS
SERGEANT WILLIAM McCLELLAND, STAR NO. 1420;
PATROL OFFICER P. KINNEY, STAR NO. 12614; AND
PATROL OFFICER K. O'NEIL, STAR NO. 8954

DESIGNATED
MAGISTRATE JUDGE:

TO: (Name and address of Defendant)

Patrol Officer P. Kinney, Star No. 12614
Chicago Police Department
Office of Legal Affairs
Subpoena Section
3510 S. Michigan Avenue
Chicago, Illinois 60653

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

an answer to the complaint which is herewith served upon you, within 21 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

LOG # 1050684

Attachment # 15

MICHAEL W. DOBBINS, CLERK

(By) MICHAEL W. DOBBINS, CLERK

Nadine Shirley

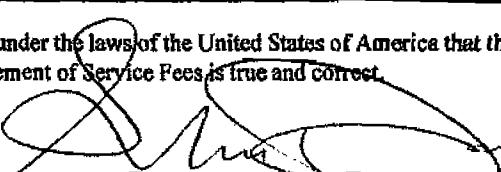
(By) DEPUTY CLERK



DATE

November 17, 2011

DATE

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾ SIMPLY DAVIS	DATE 11-17-11	
NAME OF SERVER (PRINT) SIMPLY DAVIS	TITLE PROCESS SERVER	
Check one box below to indicate appropriate method of service		
<input type="checkbox"/> Served personally upon the defendant. Place where served: <hr/> <hr/>		
<input checked="" type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: <u>Officer Johnson #17154</u>		
<input type="checkbox"/> Returned unexecuted: <hr/> <hr/>		
<input type="checkbox"/> Other (specify): <hr/> <hr/>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.		
Executed on <u>11-17-11</u>	 Signature of Server	
<u>25 E. Washington #1217</u> Address of Server		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

[REDACTED])
Plaintiff,)
v.)
CITY OF CHICAGO AND CHICAGO) No. [REDACTED]
POLICE OFFICERS SERGEANT)
WILLIAM McCLELLAND, STAR) Assigned Judge: George W. Lindberg
NO. 1420; PATROL OFFICER P.)
KINNEY, STAR NO. 12614; AND)
PATROL OFFICER K. O'NEIL, STAR)
NO. 8954)
Defendants.)

COMPLAINT

Plaintiff, [REDACTED], by and through his attorney [REDACTED]
complaining of Defendants City of Chicago Police Sergeant William McClelland (Star
No. 1420); Chicago Police Officer P. Kinney, (Star No. 12614); and K. O'Neil, (Star No. 8954)
and states as follows:

1. Plaintiff brings this lawsuit pursuant to 42 U.S.C. Section 1983 to redress deprivations of constitutional rights under color of law as secured by the U. S. Constitution.

JURISDICTION AND VENUE

2. This Court has jurisdiction of said action pursuant to 28 §§U.S.C. 1331 and 1337.
3. Venue is proper under 28 U.S.C. § 1331(b). All parties reside in this judicial district and the events which these claims arised and asserted, herein, occurred within this district.

PARTIES

4. Plaintiff, [REDACTED] hereinafter ("Anderson"), at all times relevant was a resident of the City of Chicago, Cook County, Illinois.
5. At all times relevant Defendants Sergeant William McClelland, P. Kinney, and K. O'Neil are all Chicago Police Officers.
6. At all times relevant to this Complaint, Defendant Officers acted under color of law as police officers of the City of Chicago and acted within the scope of their employment.
7. Defendant City of Chicago, hereinafter ("City") is an Illinois municipal corporation which operates the Chicago Police Department, hereinafter ("CPD").

FACTS

8. On November 11, 2009 at approximately 11:00 p.m., Chicago Police Sergeant William McClelland, hereinafter ("McClelland") arrived on the scene at [REDACTED] to investigate criminal activity.
9. McClelland and Chicago Police Officer P. Kinney, hereinafter ("Kinney"), on foot, apprehended, detained and arrested [REDACTED] while K. O'Neil, hereinafter ("O'Neil") participated by following the officers in a CPD police car.
10. Prior to his arrest [REDACTED] was tackled to the ground by McClelland and Kinney. McClelland and/or Kinney brutally struck [REDACTED] about his face with an unknown object resulting in [REDACTED] receiving contusions around his face and mouth.
11. [REDACTED] was arrested and transported to the local (CPD) local district where he requested medical treatment for his injuries from the officers blows.

12. [REDACTED] received a hole in his jaw, fractured nose, and broken teeth.

13. On November 18, 2011 between 12:00 and 1:00 a.m., CPD officers transported [REDACTED]
to [REDACTED] hereinafter ("Hospital").

14. Upon arrival, the Hospital's emergency physician diagnosed [REDACTED] as having contusions to the jaw and a fracture nose.

COUNT I - 42 U.S.C. §1983
EXCESSIVE FORCE

15. Paragraphs 1 through 14 are incorporated herein by reference as though fully set forth as paragraph 15 of Count I.

16. The preceding paragraphs the conduct of Defendant Police Officers McClelland, Kinney and O'Neil toward [REDACTED] constitutes excessive force in violation of 42 U.S.C. § 1983.

17. The conduct of the Defendant Police Officers McClelland, Kinney and O'Neil were objectively unreasonable and excessively volatile.

18. [REDACTED] was deprived of his rights guaranteed under the Fourth and Fourteenth Amendments of the United States Constitution.

19. The conduct described in this Count occurred while Defendant Police Officers within the scope of their employment, and their employer, City of Chicago is liable for their actions.

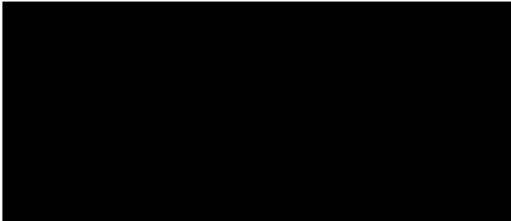
WHEREFORE, [REDACTED], prays for judgment in his favor against

Defendant City of Chicago, Chicago Police Sergeant William McClelland, Star No. 1420; Chicago Patrol Officers P. Kinney, Star No. 12614 and K. O'Neil, Star No. 8954 for Violation of his constitutional rights and request that this Honorable Court:

- A. Award compensatory damages to Plaintiff against the Defendants, jointly and severally.
- B. Award cost of this action to the Plaintiff.
- C. Award reasonable attorney's fees and cost to the Plaintiff.
- D. Award such other and further relief as this Court may deem appropriate.

PLAINTIFF DEMAND TRIAL BY JURY

Respectfully submitted,

/s/ _____
One or Plaintiff's Attorneys


LAW ENFORCEMENT OFFICIAL'S REQUEST FOR
PROTECTED HEALTH INFORMATION
CITY OF CHICAGO - INDEPENDENT POLICE REVIEW AUTHORITY

TO: [REDACTED]
(Name of institution, individual or department)

DATE: 08 May 2013

DOB:

RE: Log # 1050684 [REDACTED] [REDACTED]
(Case name and number, and name of individual)

I am a law enforcement official as defined by the Health Insurance Portability and Accountability Act (HIPAA). See 42 U.S.C. §1320(d) *et seq.* (2002). See also Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160, 162 & 164 (2002). I am employed by the City of Chicago and work for the City of Chicago's Independent Police Review Authority.

I am serving this investigative demand on you so that I may receive any and all protected health information of:

Name: [REDACTED]

Birth Date: [REDACTED]

Address: [REDACTED]

Social Security Number: [REDACTED]

Date of Treatment: On or about 13 Nov 2009

In accordance with 45 C.F.R. §164.512(f), I certify that:

- (1) The information sought is relevant and material to a legitimate law enforcement inquiry;
- (2) This request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and
- (3) De-identified information cannot be reasonably used.

Veronica J. Messenger
(Signature of Requestor)

Veronica J. Messenger
(Name of Requestor) (Please Print)

312 746-3609 ext. 1017
(Telephone Number of Requestor)

LOG # 1050684
Attachment # 16



14 May 2013
Via Certified Mail

City of Chicago
Rahm Emanuel, Mayor

Independent Police Review Authority

Ilana B. R. Rosenzweig
Chief Administrator

1615 W. Chicago Av., 4th fl
Chicago, Illinois 60622
(312) 746-3594 (Complaint line)
(312) 746-3609 (General)
(312) 746-3591 (FAX)
(312) 746-3593 (TTY)
www.iprachicago.org

Reference: LOG# 1050684
Client: [REDACTED]

Dear [REDACTED]

The Independent Police Review Authority (IPRA) is conducting an investigation into the allegations of misconduct against members of the Chicago Police Department. Our office was informed that you have been retained to represent the above listed individual.

I have left messages at your office to inform you that I have been assigned as the investigator for the above-mentioned Log Number. To conduct a thorough investigation, it will be necessary for me to interview your client and any witnesses to the alleged misconduct. I am requesting your permission to interview your client and obtain additional information regarding any and all medical treatments received. Please be advised that your client will be asked to sign the Sworn Affidavit as required by the Illinois Uniform Peace Officers Disciplinary Act. It would also assist the investigation if you can provide me with a copy of any relevant documents in your possession.

If I do not hear from you by 21 May 2013, this case will be closed and may be re-opened when you decide to allow your client to be interviewed by our office.

Please contact me upon receipt of this letter at (312) 746-3609, ext. 1017. You may reach me between 9:00 a.m. and 5:00 p.m.

Veronica Messenger #108
Inv. Veronica Messenger, #108



100 1050684
Attachment # 17



**ROSELAND COMMUNITY HOSPITAL
REGISTRATION/FACE SHEET**

COPY

PATIENT INFORMATION

P Patient Name	NY	Birthdate	
A Patient Account#	Medical Records	Patient Age	43 Y
T Patient Address	City	Admit/Reg Date	11/18/2009
I Address #2		Discharge Date	
S State IL Zip Code	Patient Phone #	Wk Pbs	Discharge Time
R Patient SSI	Race H Sex M Marital Status S	Religion NONE	Room/Bed #
T Maiden Name/AKA	Financial Class CAID		
Special Patient Indicator			
Service	Access code	Patient Type E	Patient Subtype EDS
Service	Advance Directives NO LIVING WILL & NO DPOA		
Admissions within last 60 Days? Y	Registrar	Admitting Physician	
Date of last admission if within 60 days		Referring Physician	
Attending Physician Last Admission		Attending Physician MITCHELL, LARRY	
Repeat OP? N		ER Physician MITCHELL, LARRY	
Patient's Statement/Complaint/Diagnosis			

EMERGENCY CONTACT

Resc:	Address	City	State
Phone	Relationship to patient	WOTHER	Kip

GUARANTOR INFORMATION

G Guarantor Name	Address	City
D Zip	Phone	Relation PATIENT
A Employer UNEMPLOYED	Address	
R City	State Zip	
A Employer2	Address	
H City	State Zip	

INSURANCE INFORMATION

PRIMARY		SECONDARY		TERTIARY	
Ins Name ILLINOIS MEDICAID	Ins Name	Ins Name		Ins Name	
Cert #	Cert #	Cert #		Cert #	
Ident #	Ident #	Ident #		Ident #	
Group #	Group #	Group #		Group #	
Address	Address	Address		Address	
City	City	City		City	
State	State	Zip Code 06060		State	Zip Code 06060
Phone	Phone	Relation		Phone	Relation
Relation PATIENT					

106 1050684
Attachment # 1B

**ROSELAND COMMUNITY HOSPITAL
REGISTRATION/FACE SHEET**

PATIENT INSURANCE INFORMATION

Patient Name	Medical Record#	MI	Birthdate
Patient Accounts			Patient Age 43
Patient Address	City		Admit/Reg Date 11/18/2009
Address #			Discharge Date
State IL Zip Code	Patient Phone #		Religion NONE
Patient SSN	Name @ Sex M Marital Status S		
PRIMARY		SECONDARY	TERTIARY
Ins Name ILLINOIS MEDICAID	Ins Name	Ins Name	
Cert #	Cert #	Cert #	
Ident #	Ident #	Ident #	
Group #	Group #	Group #	
Address	Address	Address	
City	City	City	
State	State Zip Code 00000	State	Zip Code 00000
Phone	Phone	Phone	
Relation PATIENT	Relation	Relation	

GUARANTOR INFORMATION

Guarantor Name	City
Zip	Relation PATIENT
Employer UNEMPLOYED	Address
City	State Zip 00000
	Phone

PRINCIPAL DIAGNOSIS - (This admission. Please list one only.)

OTHER DIAGNOSES(RS)

OPERATIONS/PROCEDURES (Please list dates of operations/procedures.)

PHYSICIAN CERTIFICATION: "I certify that the narrative descriptions of the principal and secondary diagnosis and the operations/procedures performed are accurate and complete to the best of my knowledge as listed above."

Physician's signature

Date

HOSPITAL POLICY REGARDING PATIENT BELONGINGS, ADVANCE DIRECTIVES, CONSENT FOR DIAGNOSTIC PROCEDURE/TREATMENT, HOSPITAL CARE, ASSIGNMENT OF BENEFITS, RELEASE OF INFORMATION, RESPONSIBILITY FOR PAYMENT.

STATEMENT OF HOSPITAL POLICY ON PATIENT BELONGINGS: I assume full responsibility for all personal property/valuables, which include eyeglasses, denture(s), etc., that I choose to keep in my room during my stay at the hospital. I understand that the hospital has vaults for safekeeping of jewelry and currency in excess of \$5.00 and does not accept responsibility for personal property/valuables not deposited in the hospital's safe.

STATEMENT OF HOSPITAL POLICY ON ADVANCE DIRECTIVES: It is the Hospital's policy, consistent with Illinois law, to respect an individual's right to make decisions concerning medical care, including the right to accept or refuse medical treatment and execute "advance directives" (Living Will and/or Durable Power of Attorney for Health Care). I understand that I may request further information and assistance concerning advance directives during my hospitalization. I have been provided a written statement describing Illinois law on advance directives.

AUTHORIZATION FOR DIAGNOSTIC PROCEDURE/TREATMENT: I hereby give permission to Roseland Community Hospital, its staff, agents and employees to administer any treatment which may be deemed necessary and advisable for the diagnosis and treatment of the patient named below. I understand that the patient is under the control of the attending physician, and, I further understand that the physician is responsible for determining the course of treatment. I am aware that the practice of medicine, surgery, or drug therapy is not an exact science and I, therefore, acknowledge and state that

[REDACTED] DATE: [REDACTED]

AUTHORIZATION FOR ASSIGNMENT OF BENEFITS: In consideration of services rendered and to be rendered by the above-named hospital, independent physicians or physician groups, I hereby authorize payment directly to the respective party expense benefits otherwise payable to me, but not to exceed the provider of service's regular charges for this period of hospitalization. I understand that I am financially responsible to these providers for the charges not covered by my insurance.

ASSIGNMENT OF BENEFITS AND AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize the hospital to release or reproduce in copy form, any and all information requested by my insurance carrier, health maintenance organization, or any similar entity responsible for payment of services rendered; or, to any reviewing organization acting on behalf of such carrier or organization, for purposes of verifying services rendered; or, for reviewing the utilization or the quality of services received as a patient at this hospital. I fully understand that this authorization may include information regarding medical, surgical, psychiatric, psychological records, medications, and such treatments for alcohol or drug abuse, records of HLTIV-III or HIV testing (AIDS test) and treatment. I further authorize any such insurer directly to pay, and ROSELAND COMMUNITY HOSPITAL directly to receive any payments for hospital charges resulting from this hospitalization. I fully understand that I remain personally liable for any hospital charges not paid by such insurer.

RESPONSIBILITY FOR PAYMENT/GUARANTOR'S AGREEMENT: I agree to pay for services rendered and to be rendered by the hospital. I have been informed and understand that the physician(s) providing services to me at Roseland Community Hospital, such as my personal physician(s), emergency department physician(s), radiologist(s), pathologist(s), anesthesiologist(s), consulting physician(s), surgeon(s), and other health care providers, are independent contractors and are not employees or agents of this hospital. I understand that the radiologists, anesthesiologists, consulting physicians and surgeons will bill me separately for his/her services. I certify that I have read and understand the foregoing terms of this agreement.



45 West 111th Street Chicago, Illinois 60628 (773) 995-3000

Address/Signature

18/09
[REDACTED]

AUTHORIZATION AND CONSENT



45 West 111th St
Chicago, IL 60628

10517477 11/18/2009

M 43Y 3

EMERGENCY DEPARTMENT SVS

CC:

Emergency Department Nursing Record

PMM: Symptoms: HTN DM Cancer H/H Thyroid Anemia High lipids
Heart MI Angina CHF CAD A/Fb Lung COPD Asthma
GI T/F's Stones MS Arthritis Psych Depression Anxiety
Operations Appendectomy Colon Surgery Mastectomy Tumor
Medications: CVA Nausea
PUD GERD Liver
Schizophrenia Nose
EDDS Cough
None

Immunizations: Tetanus: DTD >5 years Unknown LSIP: ?
Other: ?

SEI: Smoke: Past Second-hand
ETOH: Abuse Alcoholic None Illicit drugs: ?
Lives with: Mom Dad Spouse Family SO Alone
Lives in: Home Assisted care Homeless Barracks

Date: 11/18/09 Time: 22:50
Return visit: Same day Within 72 hours

Medications: Clinical Recomendation Form on chart

Allergies: NKDA Latex

Rn - Evelyn Jochum

TRAJAGE:

Prehospital: See EMS report C-collar Backboard IV Meds

Source: Patient Family Friend Guardian Nursing home Paramedic Police Interpreter

Mode of arrival: Walk in Wheelchair Friends Attendant Ambulance Helicopter Police

Constitutional: Alert Well-appearing Ill-appearing Confused Poorly responsive

Timing: Onset lightheaded

Context: Symptoms: Faintness Syncope Near syncope Vertigo Tinnitus Imbalance

WNL Numb Difficult speech Change of vision

Symptoms are: Present now Resolved

Location: Generalized R L sided Arm Leg Facial

Context: History of: CVA TIA MI GI bleed Anemia DM Electrolyte disorder None

Other triage history:

Room: 7 Time to Room: 22:50

Triage Nurse Signat

PRIMARY ASSESSMENT:

Assessment Time 22:50

Triage assessment reviewed

Source: Patient Family Friend Guardian Nursing home Paramedic Police Interpreter

Constitutional: Alert Well-appearing Ill-appearing Confused ETOH

Eyes: Pupils: PERRLA R L Bil Fixed Dilated Sluggish Unequal

Respiratory: R L Bil Generalized Superior Inferior Breath sounds: Diminished

CV: Tachycardia Bradycardia Irregular

Neurologic: Oriented to Time Person Place Not oriented Unable to test

Psychiatric: Anxiety Depression Agitation

Associated signs and symptoms: None

Fever Headache Chest pain Palpitations N V GI bleed

Pain Scale

Subjective: 1 1

Severity: 0-10 NIPS

Quality:

Aching Burning Dull

Pressing Tingling Numb

Sharp Throbbing Pulsing

Duration: Constant Intermittent

Abuse Screening

Evidence of abuse / neglect

Y N Unwilling to answer

Notification per protocol

Nutritional Screening

Have you had an unexpected weight gain or loss over 20 pounds in the last 6 months?

Y N Unwilling to answer

Functional Screening

Do you have trouble taking care of yourself - with feeding, dressing and / or bathing?

Y N Unwilling to answer

Initial Interventions: Interventions initiated prior to physician evaluation

<input type="checkbox"/> O2: _____	<input type="checkbox"/> IV: _____	<input type="checkbox"/> Monitor: _____
<input type="checkbox"/> RKG: _____	<input type="checkbox"/> Lake: _____	<input type="checkbox"/> Cap Glucose: _____
<input type="checkbox"/> Split(s): _____	Visual Acuity: OS: _____ OD: _____ OU: _____	Other: _____

Acuity Reassessment: 1 2 3 4 5 Time: 22:50 Init: [Signature]

Signature

EMERGENCY DEPARTMENT

Emergency Department Record

PMH: Symptoms: HTN DM Cancer HIV Thyroid Anemia High Lipids
Heart: All Angina CHF CAD Atrial Fibrillation COPD Asthma
GU: UTI's Stones MS Arthritis Pain: Depression Anxiety
Operations: Appendectomy W/T. Cholecystectomy PCFA CABG
Other:

Medications: CVA Seizures
GI: PUD GERD Liver
Schizophrenia: None

FH: No significant FHs
 HTN DM Cancer Stroke
 Heart Lung Liver Kidney
 Aneurysm Congulopathy
 Sudden death

SI: Smoke: Past Second-hand Never
ETOH: Abuse Alcoholic None
 Other drugs:
 Lives with: Mom Dad Spouse Family SO Alone
 Lives in: Home Assisted care Homeless Nursing H
 Single Married Divorced Separated Widowed

Medications: Reviewed NNAllergies: Reviewed NN**CC: DIZZINESS or WEAKNESS**Time seen 2pm

PCP

HPI: PF/ER Nurses notes reviewed
 Source: Patient Family Friend Guardian Nursing home Paramedic Police Interpreter Room #
 Mode of arrival: Walk in Wheelchair Friends Attendant Ambulance Helicopter Police
 Timing: Onset 1hr a.m. p.m. or Minutes Hours Days Weeks Months ago
 Come on: Suddenly Gradually Symptoms are: Present now Resolved
 Duration: Symptom: Since onset Intermittent or Minutes Hours Days
 Location: Weakness: Generalized R L sided Arm Leg Facial None
 Context: Onset: At rest With light exertion With heavy exertion While asleep
 Symptoms: Fatigue Syncope Near syncope Vertigo Tinnitus Imbalance
 Weak Numb Difficult speech Change of vision

On medication that could become toxic (specify): None

History of: CVA TIA MI GI bleed Anemia DM Electrolyte disorder None

Severity: Bedridden Unable to do normal activities Does not affect activities

Modifying factors: Worse: Change in position Turning head Nothing

Associated signs and symptoms: None

Fever Headache Chest pain Palpitations N V GI bleed

Other history:

PE: O2 Sat Reviewed on NNConstitutional: ETOH Ill-appearing Distress: None Mild Moderate Severe

Neck: Meningeal signs Tender R L Cervical bruits

Head: Trauma (specify):

Eye: Pale conjunctiva Scleral icterus

Pupils: Unequal or OD OS mm EOM: Impaired Nystagmus

Fundus: R L Papilledema Hemorrhage Exudate

ENT: R L TM: Red Bulging Drift Retracted Immobile Perforated Obscured

Respiratory: R L Bi Generalized Superior Inferior Breath sounds: Diminished

R L Bi Generalized Superior Inferior Wheezes Rales Rhonchi

CV: Tachycardia Bradycardia Irregular S3 S4 /VI Sys Dia Murmur

GI: Auscultation: Bruit Bowel sounds: Absent Increased Decreased High pitched

Palpation: Liver: Enlarged Spleen: Enlarged Mass: Pulsatile

Tenderness: Diffuse RUQ RLQ LUQ LLQ Epigastric Periumbilical Suprapubic

Mild Moderate Severe Rebound Guarding Rigidity

Rectal: Blood Tarry Fissure Hemorrhoids Impaction Mass

Guaiac: Positive Negative Controls reacted appropriately

Neurologic: Oriented to: Time Person Place Not oriented Unable to test

Memory: Impaired: Short-term Long-term Unable to test

CN: 2 3 4 5 6 7 8 9 10 11 12 deficit Unable to test

Motor function: R L Arm Leg Face Weak Unable to test

Cerebellar function: Tremor Post-pointing Ataxia Unable to test

Reflexes: R Knee Ankle Biceps

L Knee Ankle Biceps

Psychiatric: Anxiety Depression Agitation

Other exam:

Level I=0 Level 2, J=1 Level 4=2-9 Level 5=10+

CONSTITUTIONAL:	Name		
Fever Child Weakness Fatigue	Loss of appetite		

ENT:	Name		
Blurred vision Diplopia Discharge	Pain Redness Photophobia		

RESPIRATORY:	Name		
Cough SOR Wheeze Rhinophysis			

CV:	Name		
Chest pain Palpitations Syncope	Edema Orthopnea PND		

GI:	Name		
Abdominal pain Constipation	Nausea Vomiting Diarrhea Melena		

GU:	Name		
Dysuria Hematuria Frequency	Male: Discharge Testicular pain	Female: Discharge Bleeding	Pregnant

NEUROLOGICAL:	Name		
Headache Dizziness Seizure	Numbs Weakness		

MUSCULOSKELETAL:	Name		
Pain or swelling in:	R L Neck Chest wall Rib(s) Back	Shoulder Arm Elbow Forearm	Wrist Hand Pelvis Hip Leg
Knee Ankle Foot			

INTEGMENTARY:	Name		
Iching Rash Bruise Wounds			

ALLERGIC/HYPERSENSITIVE:	Name		
Hives Iching			

HEMATOLOGIC:	Name		
Lymphadenopathy			
Easy Bruising Bleeding			

ENDOCRINE:	Name		
Weight Gain Loss			

PSYCHIATRIC:	Name		
Anxiety Depression Hallucinations	Sleepless Sniffles		

ALL OTHERS REVIEWED & NEGATIVE	(except as described in the HPI)		
---	----------------------------------	--	--

UNABLE TO OBTAIN COMPLETE			
HPI, PMH, FH, SI, or ROS DUE TO:			
Altered mental status Dementia Medical urgency	Intubated		

Physician's Orders

AS FOR OUR FORMULARY SYSTEM ANOTHER BRAND OF DRUG
IDENTICAL IN FORM AND CONTENT MAY BE DISPENSED UNLESS
THE BRAND NAME IS CIRCLED.

DATE/TIME

PRESS FIRMLY AND WRITE CLEARLY

LAB

LAB CON'T

RESPIRATORY

11/18/05

2324

FURTHER ORDERS

Date / Time

Time

Signature

Physician's Signature



Roseland
Community Hospital

45 West 111th Street Chicago, Illinois 60620 (773) 935-3000

EMERGENCY DEPARTMENT PHYSICIAN'S ORDER FORM

Form No. 2001094 (Rev. 10/07)

Writer: Medical Records

Canary: Emergency Department

Addressograph



E EMERGENCY DEPARTMENT SVC

CPD 0060881

Physician's Orders

AS FOR OUR FORMULARY SYSTEM ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND CONTENT MAY BE DISPENSED UNLESS THE BRAND NAME IS CIRCLED.

DATE/TIME

PRINT NEATLY AND WRITE CLEARLY

145

LAB CONT

RESPIRATORY

11/18/20

2320

FURTHER ORDERS

Date / Time:

Physician's Signature



Roseland Community Hospital

45 West 111th Street Chicago, Illinois 60628 (773) 995-3000

EMERGENCY DEPARTMENT PHYSICIAN'S ORDER FORM

FCC ID: 2ABD4 (Rev. 10/07)

White: Medical Records

Canary: Emergency Department

E EMERGENCY DEPARTMENT SWE

Addressograph

CPD 0060883

Day Division
 Mon-Fri: 8am-11am, 8pm-9pm (EST)
 Sat-Sun: 8am-8pm (EST)
 Phone: 866 329 4295 Fax: 877 899 4295

Night Division
 Mon-Fri: 8pm-8am (EST)
 Sat-Sun: 8pm-8am (EST)
 Phone: 866 241 6635 Fax: 866 287 1373



PRELIMINARY RADIOLOGY REPORT

PATIENT NAME:

PATIENT ID:

INSTITUTION NAME:

ROSELAND COMMUNITY HOSPITAL - CHICAGO, IL 60628

DATE:

19th November, 2009 CST

STUDY TYPE:

CT BRAIN / CT FACIALS

This interpretation is based upon the receipt of 269 images.

PATIENT DOB:

Page 1 of 1

Patient Location: ER

CLINICAL HISTORY / INDICATION FOR EXAM:

TRAUMA TO HEAD

FINDINGS

CT Brain: No acute intracranial hemorrhage, mass effect or midline shift. Slight ventricular prominence.

The calvarium appears intact.

CT facial: There is fracture deformity right medial orbital wall with extraconal fat extending into the adjacent ethmoid air cells. This could potentially represent chronic deformity. Clinical correlation recommended. There is no definite localized right periorbital soft tissue swelling. There is slight irregularity involving the ventral aspect of the nasal bones which could represent minimally depressed anterior nasal bone fractures. No other fracture identified. Chronic appearing areas of bilateral maxillary and ethmoid sinus thickening. The configuration of both globes appears intact.

This preliminary report was electronically signed by [REDACTED] on Nov 19th 2009
01:01:37 CST

Time Study Received: 19th Nov 2009 00:52:18

Time Report Available: 19th Nov 2009 01:02:53

Page 1 of 1

CONFIDENTIAL: The documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated purpose has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or retention other than the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

NAME: [REDACTED]
LOCATION: ER
MED REC #: [REDACTED]
DOB: [REDACTED]
SEX: M

PATIENT NUMBER: [REDACTED]
PHYSICIAN NAME: DEFAULT ADMIT PHYSICI
ADMIT DATE/TIME: 11/18/09 23:39
REPORT DATE/TIME: 11/19/09 03:57

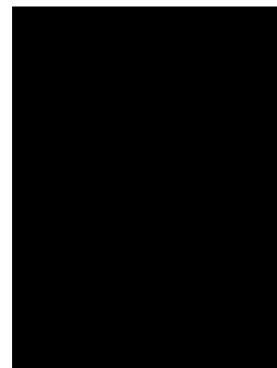
PATIENT STAT REPORT

URINALYSIS

Collected: 11/18/09
 02:20

Normals Units

COLOR URINE
APPEARANCE
GLUCOSE
BILIRUBIN
KETONE
SG
BLOOD
URINE PH
PROTEIN
UROBILINOGEN
NITRITE
LEUK. ESTERASE



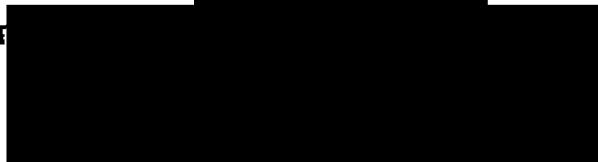
mg/dl

mg/dl

mg/dl

E.U./dL

NOT



[REDACTED]
[REDACTED]
PATHOLOGIST

ER

NAME: [REDACTED]
LOCATION: ER
MED REC #: [REDACTED]
DOB: [REDACTED]
SEX: M

PATIENT NUMBER: [REDACTED]
PHYSICIAN NAME: DEFAULT ADMIT PHYSICI
ADMIT DATE/TIME: 11/18/09 23:39
REPORT DATE/TIME: 11/19/09 01:02

PATIENT STAT REPORT

CHEMISTRY

GENERAL CHEMISTRY TESTS

Collected: 11/18/09
 00:20

Normals Units

mg/dl
mg/dl
mg/dl
mmol/L
mmol/L
mmol/L
mmol/L
mmol/L
mg/dl
gm/dl
gm/dl
U/L
U/L
mg/dl
U/L

GLUCOSE
BUN
CREATININE
BUN/CREA RATIO
SODIUM
POTASSIUM
CHLORIDE
CO₂ CONTENT
ANION GAP
CALCIUM
TOTAL PROTEIN
ALBUMIN
SGOT
ALK. PHOSPHATA
TOTAL BILIRUBIN
SGPT

1000

PATHOLOGISTS

50

ROSELAND COMMUNITY HOSPITAL
45 WEST 111 TH STREET
CHICAGO, IL. 60628

PAGE: 001

NAME: [REDACTED]
LOCATION: ER
MED REC #: [REDACTED]
DOB:
SEX: M

PATIENT NUMBER: [REDACTED]
PHYSICIAN NAME: [REDACTED] DEFAULT ADMIT PHYSICI
ADMIT DATE/TIME: 11/18/09 23:39
REPORT DATE/TIME: 11/19/09 01:02

PATIENT STAT REPORT

Miscellaneous tests Collected: 11/18/09 00:20
 Units Normals
 [REDACTED] ng/dl (0-80.0)
ALC [REDACTED]

[REDACTED] PATHOLOGIST [REDACTED]

ER

ROSELAND COMMUNITY HOSPITAL
45 WEST 111 TH STREET
CHICAGO, IL. 60628

PAGE: 001

NAME: [REDACTED]
LOCATION: ER
MED REC #: [REDACTED]
DOB: [REDACTED]
SEX: M

PATIENT NUMBER: [REDACTED]
PHYSICIAN NAME: DEFAULT ADMIT PHYSICI
ADMIT DATE/TIME: 11/18/09 23:39
REPORT DATE/TIME: 11/19/09 00:43

PATIENT STAT REPORT

HEMATOLOGY

CBC

Collected: 11/18/09
00:20

	Normals	Units
WBC	[REDACTED]	K/cmm
RBC	[REDACTED]	M/cmm
HGB	[REDACTED]	gm/dl
HCT	[REDACTED]	%
MCV	[REDACTED]	fL
MCH	[REDACTED]	pg
MCHC	[REDACTED]	%
RDW	[REDACTED]	Thousand
PLT	[REDACTED]	fL
MPV	[REDACTED]	%
NEUT	[REDACTED]	%
LYMPHS	[REDACTED]	%
MONO	[REDACTED]	%
EOS	[REDACTED]	%
BASOS	[REDACTED]	%
NEUT ABS#	[REDACTED]	/uL
LYMPH ABS#	[REDACTED]	/uL
MONO ABS#	[REDACTED]	/uL
EOSIN ABS#	[REDACTED]	/uL
BASO ABS#	[REDACTED]	/uL

PATHOLOGIST

M.D.

ER

ROSELAND COMMUNITY HOSPITAL
45 WEST 111 TH STREET
CHICAGO, IL. 60628

PAGE: 001

NAME: [REDACTED]
LOCATION: ER
MED REC #: [REDACTED]
DOB: [REDACTED]
SEX: M

PATIENT NUMBER: [REDACTED]
PHYSICIAN NAME: DEFADLI ADMIT PHYSICI
ADMIT DATE/TIME: 11/18/09 23:39
REPORT DATE/TIME: 11/19/09 01:09

PATIENT STAT REPORT

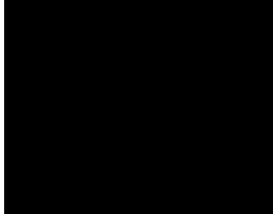
COAGULATION

ALL COAGULATION

Collected: 11/18/09
00:20

Normals	Units
[REDACTED]	sec.

PROTIME
INR
PROTIME CONTROL
aPTT
aPTT CONTROL



ER

PATHOLOGIST

M.D.

ROSELAND COMMUNITY HOSPITAL
45 WEST 111 TH STREET
CHICAGO, IL. 60628

PAGE: 001

NAME: [REDACTED]
LOCATION: ER
ED REC #: [REDACTED]
OB:
EX: M

PATIENT NUMBER: [REDACTED]
PHYSICIAN NAME: DEFAULT ADMIT PHYSICI
ADMIT DATE/TIME: 11/18/09 23:39
REPORT DATE/TIME: 11/19/09 01:19

PATIENT STAT REPORT

Miscellaneous tests Collected: 11/18/09 00:20
BNP Units Normals
 <5.0 pg/ml (0-100.0)

ER REFERENCE GUIDE (pg/mL)

Normal: [REDACTED]

Evaluate: [REDACTED]

Suspected Heart Failure: [REDACTED]

ER

[REDACTED] PATHOLOGIST [REDACTED]

ROSELAND COMMUNITY HOSPITAL
45 WEST 111 TH STREET
CHICAGO, IL. 60628

PAGE: 001

NAME: [REDACTED]
LOCATION: ER
MED REC #: [REDACTED]
DOB: [REDACTED]
SEX: M

PATIENT NUMBER: [REDACTED]
PHYSICIAN NAME: [REDACTED] DEFAULT ADMIT PHYSICI
ADMIT DATE/TIME: 11/18/09 23:39
REPORT DATE/TIME: 11/19/09 01:19

PATIENT STAT REPORT

Miscellaneous tests

Collected: 11/18/09 00:20

Units

Normals

/ML

[REDACTED] PATHOLOGIST [REDACTED]

ER

ROSELAND COMMUNITY HOSPITAL
45 WEST 111 TH STREET
CHICAGO, IL. 60628

PAGE: 001

NAME: [REDACTED]
LOCATION: ER
MED REC #: [REDACTED]
DOB: [REDACTED]
SEX: M

PATIENT NUMBER: [REDACTED]
PHYSICIAN NAME: DEFAULT ADMIT PHYSICI
ADMIT DATE/TIME: 11/18/09 23:39
REPORT DATE/TIME: 11/19/09 01:20

PATIENT STAT REPORT

Miscellaneous tests Collected: 11/18/09 00:20

	Units	Normals
[REDACTED]	NG/ML	[REDACTED]

ER REFERENCE GUIDE (ng/mL)

Normal: [REDACTED]

Indicative of cardiac injury: [REDACTED]

Consistent with MI: [REDACTED]

PATHOLOGIST

ER



Roseland

Community Hospital

49 West 111th Street Chicago, Illinois 60623 (773) 925-3000

E EMERGENCY DEPARTMENT SVE

EMERGENCY DEPARTMENT FOLLOW-UP INSTRUCTIONS

Date 11/19/04

Patient's Name [REDACTED]

The exam and treatment you received in the Emergency Department were for an urgent problem and are not intended as complete care. It is important that you follow up with a doctor, nurse practitioner, or physician's assistant for ongoing care. If your symptoms become worse or you do not improve as expected and you are unable to reach your usual health care provider, you should return to the Emergency Department. We are available 24 hours a day.

You were treated in the Emergency Department by [REDACTED]

Your diagnosis is [REDACTED]

What to do:

- Follow the instructions on the additional sheets you were given: [REDACTED]
- Please call as soon as possible to make an appointment to be seen in [REDACTED] days for follow-up care. Health care provider for follow-up care [REDACTED]
- [REDACTED] time [REDACTED] until you return to [REDACTED] for your follow-up visit.
- If you have any problem arranging the follow-up visit, contact the Emergency Department immediately.
- Take all medications as directed.
- Studies done in the Emergency Department:

LAB [REDACTED] EKG [REDACTED]
Pulse Oximetry [REDACTED]
X-RAY [REDACTED] CULTURE [REDACTED]

The emergency physician provided an on-the-spot interpretation of your x-rays and/or EKG. A final interpretation of these tests will be done by a specialist. If

I understand that the emergency care which I received is [REDACTED] is by no means intended to be a complete diagnosis or complete medical care. I have been instructed to contact a physician for continued medical diagnosis and care, and I will do so. I have received a copy of these instructions.

Relationship to patient: _____ Self _____ Parent _____ Other _____

Signature of patient or responsible person [REDACTED]

2004085 505

Time Registered 22:36 Time Released 02:00

change in your diagnosis or treatment is needed, we will contact you. It is critical that we have a current phone number for you.

- Pick up your x-rays in Radiology before your follow-up appointment.
- Culture results take 48 hours. Your results will be given to the follow-up doctor. The Emergency Department will contact you if the results require a change in your treatment.
- Additional information or instructions:

[REDACTED]	[REDACTED]
------------	------------

MEDICATIONS GIVEN IN THE EMERGENCY DEPARTMENT

OVER-THE-COUNTER MEDICATIONS

(Per Package Directions)

[REDACTED]	[REDACTED]
------------	------------

PRESCRIPTIONS

[REDACTED]	[REDACTED]
------------	------------

If side effects develop, such as a rash, difficulty breathing, or a severe upset stomach, stop the medication and call your doctor or the Emergency Department.





Roseland Community Hospital

ARRESTEE MEDICAL CLEARANCE REPORT

Please Print the Following:

Arrestee's Name:

Date of Exam:

Time of Birth: 23/2/22

Name of Hospital: Roseland Community

Name of Examining Physician:

Physician Check Appropriate Box:

I have examined the arrestee and find him / her not in need of hospitalization.

Any medical orders for the taking of medications are included in my remarks below.

I have examined the arrestee and find him / her in need of hospitalization.

The arrestee has refused treatment AGAINST MEDICAL ADVICE.

Physician's Remarks:

Physician Signature

Chicago Fire DepartmentIncident # [REDACTED]
10 West 35th Street Chicago, IL 60616

PAGE 1

Patient: [REDACTED]

INCIDENT

Incident #: [REDACTED]
 Incident Type: INJURED VICTIM
 Address: [REDACTED]
 City/Zip: [REDACTED]
 Status: EMERGENCY
 Agency/Unit: CFD / A90
 Shift/Veh: FN&R 1 /
 Skillset: BLS
 Crew:
 [REDACTED]

PATIENT

Patient Name: [REDACTED]
 Sex: M DOB: [REDACTED] Age: 43 YR
 Weight: [REDACTED] Race: African American
 Address: [REDACTED]
 Pt Ph: [REDACTED]
 SSN: [REDACTED]

DATES/TIMES

Dispatched: 22:14:14 11/18/2009
 Enroute: 22:11:06
 At Scene: 22:17:00
 At Patient: 22:30
 Departed Scene: 22:47:08
 At Destination:
 In Service:
 At Quarters:

Hx PRESENT

Subject	Description / Details
CAUSE	[REDACTED]
COMPLAINT	[REDACTED]
SYMPOTMS	[REDACTED]

Hx PAST

Subject	Description / Details
ALLERGIES	[REDACTED]
MEDS	[REDACTED]
PREEXIST	[REDACTED]

FINDINGS

Subject	Description / Details
IMPRESSION	BEHAVIORAL;
INITIAL	[REDACTED]

PHYSICAL**CARE EVENTS**

Time	Subject	Description/Details	BP	P	R	SpO2	Pos
22:19	TREATMENT	[REDACTED]					
22:44	VITALS	[REDACTED]					
23:07	TREATMENT	[REDACTED]					

RESULT

Disposition:
 Destination:
 Des.Raison:
 Status:
 MedC1_Name:
 To Ambulance:
 In Ambulance:
 From Ambulance:

AUTHORIZATION

MEDIC1

PT ASSIGNMENT

MEDIC2

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YOUR LABEL NUMBER	SERVICE	STATUS OF YOUR ITEM	DATE & TIME	LOCATION	FEATURES
[REDACTED]		Notice Left (Business Closed)	June 4, 2013, 12:12 pm	CHICAGO, IL 60603	Certified Mail™
		Processed through USPS Sort Facility	June 3, 2013, 11:18 pm	CHICAGO, IL 60607	
		Processed through USPS Sort Facility	June 2, 2013, 12:21 pm	PALATINE, IL 60095	
		Depart USPS Sort Facility	June 2, 2013	PALATINE, IL 60095	
		Processed through USPS Sort Facility	June 1, 2013, 3:23 pm	PALATINE, IL 60095	
		Arrival at Unit	May 22, 2013, 8:17 am	CHICAGO, IL 60604	
		Processed through USPS Sort Facility	May 21, 2013, 2:32 am	CHICAGO, IL 60607	
		Processed through USPS Sort Facility	May 21, 2013, 12:23 am	BEDFORD PARK, IL 60499	
		Processed through USPS Sort Facility	May 20, 2013, 11:04 pm	BEDFORD PARK, IL 60499	

Check on Another Item

What's your label (or receipt) number?

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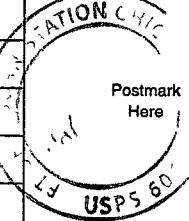
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Postage	\$ [REDACTED]
Certified Fee	\$ [REDACTED]

Return Receipt Fee (Endorsement Required)	\$ [REDACTED]
Restricted Delivery Fee (Endorsement Required)	\$ [REDACTED]

Total Postage & Fees	\$ [REDACTED]
----------------------	---------------



LOG # 1050684

Attachment # 19

INVESTIGATOR'S CASE LOG Independent Police Review Authority		LOG NO. 1050684	DATE OF INCIDENT 17 November 2009	PAGE NO. 1
DATE	TIME	ACTIVITY		INVESTIGATOR
14Dec2011	1100	Initiated log# 1050684 - PO Fabian Star# 17699 Civil Suit #11 C 8186		Y Toppins
"	1600	Obtained arrest report & case report, Tkr, OBR; NO POPS FOUND; PRINTED OUT INVENTORY LIST. PCAD OBTAINED ET PHOTOS (POSSIBLY OR ORIGIN) ORDERED.		Jukka 11/11/11
31 Dec 11		RECEIVED CASE		lyn
6 Mar	0930	R/I on furlough from 33 Dec thru 4 Jan/12 called [REDACTED] spoke w/ [REDACTED] Left message		
		R/I on furlough from 01 Apr thru 08 Apr called Atty. [REDACTED] office. Per receptionist, in court. Left message		
8 May 13	1445	requested medical record from Roseland Hosp via FAX.		
14 May	1650	Sent Atty. [REDACTED] certified letter re: interviewing his client.		
17 May		Sent copy of file to SDO for consideration. R/I on furlough from 22 May thru 30 May		
24 Jul	1530	rec'd copy of SDO's declination from Coord. Hunter Borough		
		Case file submitted for review		

LOG NO. 1050684